STATE OF MARYLAND—CERTIFICATE OF DE	LAIH
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1. PLACE OF DEATH	(23)	
County a.a.	Registration Dist. No.	
Village or City le roussuice mi	NoSt.,	Ward
Length of residence in city or town where death occurred 40 yrs	(If death occurred in a hospital or institution, give its NAME instead of street and numbersds. How long in U.S. if of foreign birth?	
		us.
2. FULL NAME James a amo		
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and Stat	la .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	10
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	(Month) (Day)	134
ia. If married, widowed, or divorced HUSBAND of	(month) (Day)	(Year)
(or) WIFE of Eller marie amos	22. HEREBY CERTIFY, That I attended dece	eased from
- V 1001	Dept 10th 1934, 10 Nov 5th	, 1934.
S. DATE OF BIRTH (month, day, end year)	i lest sew h. Lest. elive on	eath is seid
1/3 7 2 1 day,h		
& Trade, profession, or particular	ware as follows:	ata of onset
kind of work done, as SPINNER, Molaceaee SAWYER, BODKKEFPER, etc Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et al	- Pulmonary Tuberculous	Wik.
9. Industry or business in which	- I was a	-coq _y
19. Industry or business in which work wes done, as SILK MILL, W. BER Electer R. N. SAW MILL, BANK, etc		
Spotter tills 1		
	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) (2 . 4 . 6 . 6 . 6 . 6 . 6 . 6 . 6 . 6 . 6		
13. NAME John 7 anso		
13. HAIRE	N-	
14. BIRTHPLACE (city or town). (State or country) Man land	Name of operation Viore Data of Data of	A-
	Whet test confirmed diegnosis? Was there an autop	psy? YLO
	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	1
16. BIRTHPLACE (city or town) (State or country) Me are land	Where did injury occur?	., 19
- COlo marke and	(Specify city or town, county and State)	
(Address) Crownwille me	Specify whether injury occurred in INDÚSTRY, in HOME, or In PÚBLIC PLACE.	7
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Millereneale Date Was 8 , 19	Neture of Injury	
9. UNDERTAKER & L Hopformy	24. Was disease or injury in eny way related to occupation of deceased?	
S. UNDER MAER	If so, specify	
(Address) and shalls my	II so, specify	
(Address) an apales on (O. FILED. 11 & 1934)	(Signed) aleck P. Harrison	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUATEAUNE		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-	state	UPA-	1
	Jo 1	pluc	220	1
	item	she	Jo	
)	. Every	ICIANS	atement	
RGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
k	LIN	LY.	H.	
NUINC	RMANE	XACT	classified	
P	PE	E	rly	cate.
FOR	IS A	state	prope	ertif
3	SIL	be	be	o jo
EKVE	W-TI	plnods	it may	TION is very important. See instructions on back of certificate.
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Z	ADIA	d. ,	, S0	ructi
A C	UNE	upplie	terms	e insti
4	TTH.	ully s	plain	t. Se
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1	PLA	pluc	F DI	ery i
	re 1	ı sho	EO	is v
	WRI	ation	AUS	NOI
v. S. 180. A	B.—	H	0	[-
2	ż	1	1	-)

1. PLACE O	STATE C)F MAR	YLAND-	CERTIFICATE OF DEATH	0977
	Anne Arunde	1		Registration Dist. No. 2	21
	city Jessup,		đ (I	No. Maryland House of Correcti f death occurred in a hospital or institution, give its NAME instead of street and n	On Ward
	sidence in city or town where		yrs,1mos	s. 13 ds. How long in U.S. if of foreign birth?yrsmo	osds.
2. FULL NA	ME Lee Ande	rson			
(a) Reside	nce: No. Sterline	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	4. COLOR OR RACE Colored		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November-17 (Month) (Day)	, 1934 (Year)
5a. If merried, wido HUSBAND of (or) WIFE of	wed, or divorced	8		22. I HEREBY CERTIFY, That I attended of 11-12 1934 to 11-17	4
6. DATE OF BIRTH	(month, day, and year)	et 14 1	887		death is said
	Months	Days 3	If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at 2:45P M. The PRINCIPAL CAUSE OF DEATH and related courses of Importance were as follows:	
SAWYER	ession, or particular work done, es SPINNER, R, BOOKKEEPER, etc	Labor	er/	Cardio Vascular Renal Disease	Oate of onset
SAW MI	business in which as done, as SILK MILL, LL, BANK, etc			-	
this occurryear)	sed last worked at upation (month and	11. Total ti sper	ime (years) nt in this apation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (c (State or cou)	rling &	a.	Probably Luetic Wassermann negative	?
13. NAME	Dandy a	uderson			
1.	E (city or town)	kuoro		Name of operation None Oate of	
	r country)	7.	noedew M	Whet test confirmed diagnosis? None Wes there an element	utopsy?
15. MAIOEN N/ 16. BIRTHPLAC (State o	Thank ou	Herson Cluken Druck	own I	Accident, sulcide, or homicide?	, 19
18. BURIAL, CREMA	TION, OR REMOVAL.	Oate No.	22,198,5	Manner of injury	
19. UNOERTAKER (Address) 20. FILED NOV. 2	22 , 193 4 C	Johal M	Haslef	24. Wes disease or Injury in any way related to occupation of deceased? If so, specify (Signed) Jessup Maryland	
			Registrar	(Address) Jessup, Maryland	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BURPAN V. B	11				
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
		<u> </u>			

No. 1	B.—WI	mati	TIO
V. S.	N.	T)

state UPA-		CERTIFICATE OF DEATH 109:8
5	1. PLACE OF DEATH County	Registration Dist. No. 3/
should of OCC	Village or City annapolis mo	No. 767 Proces St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS ent	Length of residence In city or town where death occurred	
PHYSICIANS ict statement	2. FULL NAME Jaseph & B (a) Residence: No. ? 6 ? Prince Su	St., Ward. Within COSPOSETS LINE
ct s	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State ** MEDICAL CERTIFICATE OF DEATH
. PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
LY	Me (OR DIVORCED (write the word)	(Month) (Day) (Year)
X A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jane Ball	22 1 HEREBY CERTIFY That t attended deceased from
	6. DATE OF BIRTH (month, day, and year) See 25- 1883	I last saw have alive on Aby 17, 19-3 4, death is said
stated E properly certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.
stated proper	8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
be of	SAWYER ROOKKEEPER at Melat Work	191
ould may back	Industry or business In which work was done, as SILK MILL, US Work Caroly SAW MILL, BANK, etc.	Chime mittige thing
s sh t it on	10. Date decessed last worked at 11. Total time (years) 30 this occupation (month and	Rephriso
pplied. AGE erms, so that instructions of	12. BIRTHPLACE (city or town) - Mase	Other Contributory Canses of Importance:
• •	(State or country)	flat failure
supplied n terms, ee instru	13. NAME George a Ball	
= +2 m	14. BIRTHPLACE (city or town)	Name of operation
13	(State of County)	What test confirmed diagnosis?
in ant	I 15. MAIDEN NAME mary laglor	23. If death was due to external causes (VIOLENCE) fill in elso the following:
TH	16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
POA	17. INFORMANT James a Haley (Address) 262 Prime 20 1 Namble	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shou E OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
- E .:	Place If May & Date NOV 20, 1934	Nature of Injury
mation s CAUSE TION is	19. UNDERTAKER 13 4 7 14 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24. Was disease or injury in any way related to occupation of deceased?
(T)	20. FILED. (1/9, 1934) MMMP. (Registrar.	(Signed) M. D. (Addresslineafish M. D.
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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L BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEAT	STATE	OF	MARYLAND-	-CERTIFICATE	OF	DEATH
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1. PLACE OF DEATH					92-0			
Co	ounty Ann	ie arun	del		Registration Dist. No. 21			
	llage or City ngth of rasidanca In cit			(If	No. There ency Hospital St., death occurred in a horpital or institution, give its NAME instead of street at ds. How long in U.S. If of foralgn birth?	Ward number)		
	LL NAME		RIDGTAY	BULL	The state of the s	LIMITE		
) Residence: No.		rst St.		St., Ward. Eastport, 1.d. If nonresident give city or town and State			
P	ERSONAL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX mal	e whi		5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH NOVember 15 (Month) (Day)	, 193 (Year)		
(or)	WILF 01		Bell		22. I HEREBY CERTIFY, Thet I ettended deceased from 19			
. DATE C	Yaars 5 2	, and year) No	V . 12, Days	If LESS than I day,hrs.	I last saw h	; death is said		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME Henry D. Bell 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. Data deceased last worked at this occupation (month and year) 16. Data deceased last worked at this occupation (month and year) 17. Data deceased last worked at this occupation (month and year) 18. Trade, profession, or particular kind of work dona, as SPINNER, stone Masson 19. Trade for masson 11. Total tima (years) spent in this occupation 11. Total tima (years) spent in this occupation 12. BIRTHPLACE (city or town) 13. NAME Henry D. Bell 14. BIRTHPLACE (city or town)				iima (yaars) nt In this upation	Chronic myoranditis: two years. "Mitrol regungitation: one years. Other Contributory Causes of importance: Causes.			
14. 81	RTHPLACE (city or to (Stata or country)	wn)As	Countryland.	.77	Neme of operation			
15. MAIDEN NAME Annie Hawkins 16. BIRTHPLACE (city or town) County (State or country) Maryland 17. INFORMANT 128. Edith). Bell				ity,	23. If death wes due to external causes (VIOLENCE) fill in elso the following: Accident, sulcida, or homicide?			
	L, CREMATION, OR RI	EMOVAL		18 ,19 34	Manner of injury			
19. UNDER (A) 20. FILED	ddrass) nnan	934 S	or,	Registrar.	24. Was disease or injury in any wey related to occupation of deceesed? If so, spacify (Signad) (Address)	time		

N. B.-WRITE PLAINLY, WITH V. S. No. 1

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BUREAU V	1 · · · · · · · · · · · · · · · · · · ·		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1	RGIN RESERVED FOR BINDING	SERVEI	FOR	BINDING	•		
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	H UNFADING	INK-THI	SISAF	ERMANENT	RECORD. Ever	y item of in	-toju
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	supplied. AGE	d bluods	stated	EXACTLY	. PHYSICIAN	plnoys S	state
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	in terms, so that	t it may be	properl	y classified.	Exact statemen	100 jo	PA-
TION is very important. See instructions on back of certificate.	See instructions	on back of	i certifica	te.		1	

1	. PLACE OF DEA	TH	I MAKI	LAND	——————————————————————————————————————	00
	County		Arundel		Registration Dist. No.	
	Village or City FO:	rt George	0	0 (1	No. Station Hospital St., death-poccurred in a hospital or institution, give its NAME instead of street and number	Ward
	Length of residence in ci	ty or town where de	eath occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	. FULL NAME	Elsi	e Juanit	a Bess		
	(a) Residence: No.		(Usual place o		St., Ward. If nonresident give city or town and State	
	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		R OR RACE ite	5. SINGLE, MARR OR DIVORCED Singl	(write the word)	21. DATE OF DEATH November 2 (Month) (Day)	4 Year)
5a.	If married, widowed, or divo HUSBAND of (or) WIFE of	rced			22. I HEREBY CERTIFY, That I attended decea	
6.	DATE OF BIRTH (month, da	y, and year) NO	vember 2.		last sew h er alive on 7:30a . 19 10 2 34 34 34 34 34 34 34	9 th is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
	0	0	0	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	ofonset
2 Trade profession or particular					Premature birth, 72 months.	
OCCUPATION	9. Industry or business in work was done, as SAW MILL, BANK,	which SILK MILL,				
000	10. Date deceased last worked at this occupation (month and spent in this scupation (month and spent in this occupation					
12.	BIRTHPLACE (city or town) (State or country)	Fort Georgian	rge G. Me	ade,	Other Contributory Causes of Importance:	
EB	13. NAME Willie	Cecil Be	58			
FATHER	14. BIRTHPLACE (city or to	WII)	Hampton C Carolina	ounty	Name of operation	No
2	15. MAIDEN NAME Li	llian Els			Whet test confirmed diagnosis? Was there an autops	y?
MOTHER	16. BIRTHPLACE (city or to	North H	Iampton Co	ounty	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?	19
ž	(State or country)	North C	arolina.		Where did Injury occur?	
17.		e C. Bess lenton, Mo			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18.	Plece Ft. George		Date Novemb	per 5, 1934	Manner of injury	
19.	UNDERTAKER Chapla (Address) For	in (Capt.			If so, specify ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
20.		1, 34 C.E	FREEMAN	GOL, M. C Registrar.	(Signed) H.C.Bradford, Maj., M.C. (Address) Fort George G. Meade, Md.	€ M. D.

STATE OF MADVI AND CEPTIFICATE OF DEATH

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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E	xample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEID	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 4 4000	July 5,1927	Peritonitis	3 days ago
	Silvean v	11		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		201 9 030	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 10902
1. PLACE OF DEATH	(83)
County Unice Circuidal	Registration Dist. No.
Village or City Crownerille State Hoop	NoSt., Ward death operated in a hospital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Flora Brewer	A D.
(a) Residence: No. Bowie Waryland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Female Colored OR DIVORCED (write the word)	21. DATE OF DEATH Nov. (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
(OF) WIFE OF Warried Mukeson	July 26 1934 to Nov 10th 1936
6. DATE OF BIRTH (month, day, and year)	I dest saw both alive on Nav 10th, 1934; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 2
44 Wick. Mick. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done as SPINNER,	Date of one of
SAWYER, BOOKKEEPER, etc. Coulde Surface 9. Industry or business in which	Veneral Varalysis of the Vrivare
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate daceased last worked et 11. Totel tima (years)	<i>[</i>
10. Oate daceased last worked et this occupation (month end year) 11. Totel tima (years) spent in this occupation	
	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Mary land (State or country)	- Ques
13. NAME Thomas Pindle 14. BIRTHPLACE (city or town) Waryland	
14. BIRTHPLACE (city or town) Waryland	Name of operation . Name . Date of
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME LIKESOWY	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
p. Inyal	Whara did injury occur? (Specify city or town, county and State)
17. INFORMANT CLOSE OF Choursers Whate I (a	S Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMAŢION, OR REMOVAL	Mannar ol injury
Place Derive a flesh Date 12 1934	Nature of Injury
19. UNDERTAKER Marting Fleding Saw	24. Was disease or injury in any way related to occupation of deceased?
(Address) David The	If so, specify
20, FILEO NOV.11 1934 E. 7 Loyce	(Sighed) (Sighed) (Sighed) (Sighed) (Sighed)
CDL Registrar.	(Address)
If more blambs are mended address Come Delice	N CI I C. PIII P. T. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	J.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(159)
County alive aleundel	Registration Dist. No. 20
Village or City Decery.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Delois Brown	/,
(a) Residence: No.	St.,Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (quirie the word)	21. DATE OF DEATH
5a, If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceesed from
00 16 16 20	, 19 , to , , 19 , , 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, atm.
10 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows: hepseign in allendance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or bustness In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked at this pecupation (month and special in this securation than the securation of the securatio	411 1 1 1 1
9. Industry or bustness In which work was done, as SILK MILL,	the was a presenter with
SAW MILL, BANK, etc	and Child had been Very men
this occupation (month and spant in this year) occupation	Suce brith -
11/2011 1	Dilher Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Market State of the state of th
3 13. NAME / / although k how	Joseph Land Confession
13. NAME / MEN Leaved,	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME CAMEL NELL MEUS.	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME (Mel Alle Mells). 16. Berthplace (city or town) - for the country)	Accident, suicide, or homicide?, 19, 19, 19
S (State or country) Mareffalla,	Where did injury occur? (Specify city or town, county and State)
17. INFDRMANT ALLAGENT DESCRIPTION (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVADO	Manner of injury
Place Charles Charles 1997 4	Nature of injury
19. UNDERTAKER Odward (mcus,	24. Wes disease or injury In any way letated to occupation of deceased?
(Address)	If se, specify (Signature)
20. FILED LOT 4, 19 4 SHITT Class Or Registrar.	(Signed) (Address) Stiese: Mid-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF	MARYLAND—CERTIFICATE OF DEATH	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1095	4 /
1. PLACE OF DEATH	<u> </u>	
County anne annales	Registration Dist. No. 2/	
O A A A A A	and the state of t	1011
	No. St., death occurred in a horpital or institution, give its NAME instead of street and number)	_Ward
Length of residence in city or town whare deeth occurred 40 yrsmos.	ds. How long in U.S. if of foreIgn birth?yrsmos	ds.
2. FULL NAME Sarah M. Burns		
(a) Residence: No. 120 Charles	St., 2 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whate	21. DATE OF DEATH November 27 , 193.7 (Month) (Day) (Ye	/ (ar)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of William A. Bures.	22. I HEREBY CERTIFY, That I attended deceased	d from
& DATE OF DIPTH (month day and year) Mw - 24-1843	19 , to 17 344	22/
U. DATE OF BIRTH (Month, day, and year)	I last saw h_ \ alive on \ \ \ \ \ alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	is said
7. AGE Years Months Days If LESS than I dey,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7/ 3 ormin.	were as follows:	fonset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	A-P	1
SAWYER, BOOKKEEPER, etc.	Chronia Coulis In	au .
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month end	Gittio Selesonio -	
10. Date deceased last worked et 11. Totel tima (yeers)	Simility.	
O 10. Date deceased last worked et this occupation (month end year)		
n11-11	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (city or town) W auso (State or country)		
H 13. NAME Usaph Vlacy		
14. BIRTHPLACE (city or town) Mass.	Name of operation Dete of	
1 (State of Country)	What test confirmed diagnosis? Was thera an autopsy?	
15. MAIDEN NAME Maney M. Cobt. 16. BIRTHPLACE (city or town) Mass	23. If death was due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
≤ (State or country)	Where did Injury occur?	
17. INFORMANT Mes Michola & Trees (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CECHATION, OR REMOVAL	Manner of injury	
Place hunopoli Hyd, Date Mo-21, 1934	Nature of injury	
19. UNDERTAKER Jolgu Wy Yay lon	24. Was disease or injury in any way related to occupation of deceased?	
(Address) (Orningfoli and	If so, specify	
20. FILED 11 27, 19 34 JMM	(Signed) Wallow A Hopking (Address) Queropolis Ma	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

V. S. No. 1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
ound's V	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u></u>		

ż

1. PLACE OF DEATH	401	(30)	
County			on Dist. No. 21
Village or City	pour	No. 133 Douth	St., Ward
Length of residence in city or town where d		f death occurred in a hospital or institution, give its NA sds. How long in U.S. If of foreign birth?	IVIC instead of street and number)yrsds.
2. FULL NAME Will	com Henry	Balham Ir	
(a) Residence: No. 133	Alexand Son	St. Ward.	
(a) Nordende. No. 2. 3.	(Usual place of abode)		ent give city or town and State
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICAT	TE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH THAT	8 1.
mure edaces	malried	(Month)	(Day) (Year)
5a. If married, widowad, or divorced HUSBAND of	100	22. O I HEREBY CERTI	EV TO COLUMN
(or) WIFE of Scriss	Calhon	Jest 18 1034 10	F That I attended/deceased from
6. DATE OF BIRTH (month, day, and year)	July 1 1879	I last saw ham elive on two	8.7. death is seld
7. AGE Yaars Months	Days If LESS than	to have occurred on the date stated above, at L.	4 / A A
55 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ca	uses of importance
8. Trade, profession, or particular	110	0 + 1.//+	Data of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Labour	prente populità	out 18.
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Judustry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceesed last worked at this occupation (month and	CNA	1 Arena	145 5t
10. Date decessed last worked at	11. Total time (years)	The acute nephritis was for	mary securing
this occupation (month and year)	spent in this	notivally. No complication	or amount londi -
An	and day	Dthar Contributory Causes of Importence:	tion. Curting.
2. BIRTHPLACE (city or town) (Stata or country)		1000	
13. NAME WM. 17. C.	Ilh man	1	
13. NAME TO C. 14. BIRTHPLACE (city or town)		Name of operation	Data of
(State or country)	206.	What test confirmed diagnosis?	Was there an autonou? My
15. MAIDEN NAME	Fustin Brown	23. If deeth was due to externel causes (VIOLENCE)	
15. MAIDEN NAME	/	Accidant, suicide, or homicida?	
(State or country)	ol.	Where did injury occur?	
7. INFORMANT Charles Lines	Calhon	(Specify city Specify whether injury occurred In INDUSTRY, In I	or town, county and State) HOME, or in PUBLIC PLACE.
(Address) 183 Down	the st_		***************************************
8. BURIAL, CREMATION, OR REMOVAL	7. 11 11 91	Manner of Injury	
Place STREWEN THE	Date //	Nature of injury	
19. UNDERTAKER 7 78	the man	24. Was disease or injury In any way ralated to occu	upation of daceased?
(Address)	mapoly-	If so, specify	-+
20. FILED 1110 , 19 38 S	Muss	(Signad) Side & Markan	M. D.
	Registrar.	(Addrass) 24 - Wash	YI (I A C. J. Jan)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
The Car			7187556
Other contributory causes of importance:	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SITE PLAINLY, WITH UNFADING ion should be carefully supplied. AGISE OF DEATH in plain terms, so the N is very important. See instruction	RGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	s on back of certificate.
V. S. No. 1 N. B.—WI mati	•	1. B.—WRITE PLAINLY, WITH UNFADIN	mation should be carefully supplied. A	CAUSE OF DEATH in plain terms, so t	TION is very important. See instructions on back of certificate.

1. PLACE					CERTIFICATE OF DEATH	10956
		Arunde			Registration Dist. No	4.1
				e Hospita	death occurred in a hospital or institution, give its NAME instead of stre	St., Ward
		ity or town where		-	3ds. How long In U.S. if of foreign birth?yrs	ds
		Daniel				
(a) Reside	ence: No	Baltim	(Usual place		St., Ward. If nonresident give city or to	wn and State
PERSO	NAL AN	ID STATIST			MEDICAL CERTIFICATE OF DEA	
3. SEX		OR OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH November 19 (Month) (Day)	
Male	Bla		Unkr	nown	(Month) (Day)	(Year)
5a. If married, wide HUSBAND of (or) WIFE of	andu, ur alv				22. I HEREBY CERTIFY, That I at	tended deceased from
		Unknown			Nov. 16, 1934 to Nov. 19	
6. DATE OF BIRTH			1846			9_34; death is said
	ears 88	Months Unkno	Days	If LESS than 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	i e
Varade pro	fession, or p			ormin.	were as follows: Cerebral Arteriosclerosis	Unknown
2 20 00	ased last wo supation (mo	nth and	Unknown 11. Total spe	time (years) ant in this Unknow upation Unknow	Vin- Other Contributory Causes of importance: Senility	Unknown
		iknown				
	CE (city or to or country)	own) Unkn	awn		Name of operation Da What test confirmed diagnosis? Was the	
15. MAIDEN N	IAME	Unkn	own		23. If death was due to external causes (VIDLENCE) fill in also the fo	
15. MAIDEN N	CE (city or to or country)	own) Unkn	own		Accident, suicide, or homicide? Date of injury_ Where did injury occur?	
17. INFORMANT (Address)	Cros	nsville	cords . Waryl	.and	(Specify city or town, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	and State) LIC PLACE.
18. BURIAL, CREM	TON, OR	W-WW	Date/W[1.20 00	Manner of injury Nature of Injury	
19. UNDERTAKER	638	norto	M A	has E	24. Was disease or injury in div) way related to occupe ion of deceas	made
20. FILED	4	19.54	ATTUNNA	Registrar.	(Address Crownsville, Maryl	Sw. C

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	i	Example 11	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUREGII V.	. 14		
Other contributory causes of importance:		Other contributory causes of importance:	1-1
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FUL	RTHER STATEMENTS	BY	PHYSICIAN
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tem of	should	of occ	
D. Every in	SICIANS	tatement c	
RECOR	Y. PHY	Exact s	
BWRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PE	stated E	properly	TION is very important. See instructions on back of certificate.
THIS	l be	y be	k of
NK	should	it ma	on bac
ING I	AGE	o that	tions (
NFAD	rpplied.	terms, s	instruc
TH	lly su	lain	See
7, WI	arefu	H in 1	rtant.
INLY,	be c	EAT	impo
PL	hould	OF L	very
-WRITE	mation sl	CAUSE	TION is
B.		1	1

OCCUPATION

FATHER 13. 14.

MOTHER 15. 16.

19. UNDERTAKER

(Address)

1. PLACE OF DEATH County Anna Androlul Village or City Palanco Back	Registration Dist. No. 23 No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
, , , , , , , , , , , , , , , , , , , ,	st., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Henole Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH AOCT (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of W. Carter	22. 1 HEREBY CERTIFY, That I attended deceased from 1934, to 1934
6. DATE OF BIRTH (month, day, and year) Tel 14-15-70	l iast saw h 2 alive on 1934; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this necession groups and the second in this second	Lance of worned of the Julien Julien
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) If Way's 60. Myd. (State or country)	Other Contributory/Causes of Importance:
I 13. NAME Walter yates	
13. NAME Walter yales 14. BIRTHPLACE (city or town) st mays 60. (State or country) hyd.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Brown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[State or country] 16. BIRTHPLACE (city or town) St. Wary's Md.	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT W m. Carter Park	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 RURIAL CREMATION OR REMOVAL	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registran

if so, specify (Signed).

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week and Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DE

AT	Н	1	U	y)	6

1. PLACE OF DEATH	PARTICIPATION	(92-0)	
County Anne Arunde	el	Registration Dist. No.	
Village or City Jessup, 1	√id.	No Maryland House of Correction death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
Length of residence in city or town where o	deeth occurredyrs3mos		ds.
2. FULL NAME Gilbert			
(a) Residence: No. 231/	(Usual place of abode)	St., Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Male White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH November 26 1934 (Year Open)	ear)
5a. If married, widowed, or divorced HUSEAND of (or) WIFE of Journ (or	ine merwetter	22. I HEREBY CERTIFY, That I ettended decease November 6th 19 34 to November 26 19 16 test saw h-im alive on November 26 19 34; death	34
7. AGE Years Months	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. 3.: 1.0 - P. M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	of onset
Page Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete decessed lest worked at this pecuation (month and	appeng Alerk.	Aortic Insufficiency ? Cardiac Decompensation 11	-6-
12. BIRTHPLACE (city or town) (State er country)	11. Total time (years) spent in this occupation Rouse Aug Leeux	Other Contributory Causes of Importance: Gives history of Rheumatic Fever three attacks, last in 1921	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	llecerce	Neme of operationNoneDate of What test confirmed diagnosis? Was there an autopsy?	no
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 23// 7. Address)	Cinque .	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
18. BURIAL, CREMATION, OR REMOVAL Place	Dete 11/28/18/	Manner of injury	
19 UNDERTAKER F. B. Wyff (Address) 3 of 20. FILED MAY 26 , 1934 Dela	Let & Sen Law Gleck ara Miloaslufe	24. Was disease or injury in any way related to occupation of deceased? NO. If so, specify (Signed) Ham I hally (Address) JESSUD, Md.	-∕M. 0

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA.

DATION	RMANEN	XACTL	classified.
DATIONIO TO I OF AMERICAN ATTOM	INLY, WITH UNFADING INK-THIS IS A PERMANENT	be carefully supplied. AGE should be stated EXACTL	SATH in plain terms, so that it may be properly classified.
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ATTA	ADI	d.	8, 80
2	UNF	upplie	term
7	ити.	ully s	plain
	LY, W	caref	TH in
	Z	be	A

CAUSE LION

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? _____yrs. ____mos. 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORGED (write the word) (Month) 5e. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 19..... to..... 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day .____hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 0r____min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____ OCCUPATION 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased lest worked at 11. Total time (years) this occupation (month and spent in this vear) occupation 12. BfRTffPLACE (city or town) (State or country) 13. NAME FAT 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis?_____ Was there en autopsy?____ MOTHER 15. MAIDEN NAME 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury_____ 19____ 16. BIRTHPLACE (city or town). (State or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) 18, BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury. 19. UNDERTAKER (Address) If so, specify Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Mo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephr	rilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	DEC 5 1974	July 5,1927	Peritonitis	3 days ago	
	Later V	1			
Other contributory can	uses of importance:	1	Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPAstated EXACTLY. PHYSICIANS S. FADING INK-THIS IS A PERMANENT RECORD. Every properly classified. TION is very important. See instructions on back of certificate. AGE should be pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.—WRITE PLAINLY, WITH

ARGIN RESERVED FOR BINDING

V. S. No. 1

should state

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH			<u></u>
County Anne Arundel			Registration Dist. No. 23
Village or City Linthicum	Heights.)(lf	No. Harmonds Ferry Road St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	ath occurred		ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CHARLES	H. EGNEF	<u> </u>	
(a) Residence: No. Hammond	s Ferry (Usuai place	Road of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH November 19th. 493
5a. If married, widowed, or divorced			(Month) (Day) (Year)
HUSBAND of (or) WIFE of Pansy Egner			22. I HEREBY CERTIFY, That I attended daceased from 26, 1924, to 222 19 1944
6. DATE OF BIRTH (month, day, and year)	ovember	11th. 1869	I lest saw him alive on 200 /9 ,1907; daath is said
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 9.300 m.
65	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAW MILL, BANK, etc	al Estai	:e	Barcinous of Stonesch Josephan
10. Data deceased last worked at this occupation (month and year)	spa	ime (yaars) nt in this upation	
12. BIRTHPLACE (city or town) (State or country) Baltimo	re Md.		Other Contributory Causes of importance:
13. NAME Charles Mengo E	ner		
13. NAME Charles Mengo Eg 14. BIRTHPLACE (city or town) (State or country) German	ny		Name of operation Date of What test confirmed diagnosis? L. Ray Was there an autopsylve
15. MAIDEN NAME Catherine Em	nert		23. if death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Catherine Emmert 16. BIRTHPLACE (city or town) (Stete or country)			Accident, suicide, or homicide?
17. INFORMANT Pansy Egner (Address) Linthicum Hei	ghts.		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Place	ry Nov.	22nd, 1934	Manner of injury
19. UNDERTAKER WAS TO A CANADA TO THE CANADA	six of	Low	24. Was disease or injury in any way related to occupation of deceased? And If so, specify
20. FILED MOU- 21, 1934 C	Nobel	uf Registrar.	(Signed) Emilia Whole M.D. (Address) 212 9 Th Wall Ope.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	- 150
Gallstones	May 1,1923	Gastroenteritis ·	1 year

certificate.

See instructions on back of

TION is very important.

19. UNOERTAKER

20. FILED. 1. D

(Address)

should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(33)
County	Registration Dist. No. 21
Village or City Annapolis	No. 6 Martin St., 1 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 6 Martin (Usual place of abode)	St., 1 Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH November 5 , 193 4 (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Jane Elliott (or) WHFE-of	22. I HEREBY CERTIFY, That I attended deceased from 10. 1934, to 1934.
6. DATE OF BIRTH (month, day, and year) F	to have occurred on the date stated above, at 630 m. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Ortzma of Lungs 1984
12. BIRTHPLACE (city or town) Annapolis, (State or country) Harvland.	Other Coutributory Causes of importance:
13. NAME unknown	Utinal Hypetrusian brand
(State or country)	Name of operation Date of Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME unknown	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) UNKNOWN (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs. Ellwood Scherer (Address) Annapolis, Maryland.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Annapolis, Md. Oate Nov. 7, 19 34	Manner of injury

Registrar. more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If so, specify

(Signed)

24. Wes disease or injury in environment related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I		Example II	
The principal cause of deat of importance were as follow Arteriosclerosis	h and related causes, vs:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
	LILLY ALL V.			
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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LION

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

15. MAIDEN NAME

(Address)

(Address)

17. INFORMANT

19. UNDERTAKER

MOTHER important.

were as follows:	elated causes of importance	Date of onse
Decondary		
Other Contributory Causes of importance:		
Name of operation	-	
What test confirmed diagnosis?	Was there an auto	opsy?
23. Il death was due to external causes (Vi)LENCE) fill in also the Iollowing:	
Accident, suicide, or homicide?	Date of injury	, 19
Where did injury occur? (Spe Specify whether Injury occurred in INDUS	ecify city or town, county and State) TRY, in HOME, or In PUBLIC PLACE	 L
Manner ol injury		
24. Wes diseese or injury In any way relate	ed to occupation of deceased?	
(Signed) Louis A	Sugar Jr. Judice	18
(Signed)	page of forces	/

If more blanks are needed, address State Registrat

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
# 40 page 9 16 cg			
Other contributory causes of importance:	25-55	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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S	of	
upplied. AGE should be stated EXACTLY. PHYSICIANS should state	terms, so that it may be properly classified. Exact statement of OCCUPA	
PH	Exact	
7	-	
XACTL	classified.	
9	>	te.
stated	properl	instructions on back of certificate.
be	be	jo
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AGE	that	ions
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pplied	terms,	instru

STATE OF MARYLAND-CERTIFICATE OF DEATH

	1.	6	1	9
1	U	y	J	0

1. PLACE OF DEATH			
County Q. A. G. G.	Registration Dist. No. 202		
Village or City dunols for	NO. St. Ward If death occurred in a hospital or institution, give its NAME instead of street and number)		
	sds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Minnie E. Ha	wer		
(a) Residence: No. Associated (Great place of abode)	St., Ward. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Tear)		
5a. If married, widowed, or sivorcad HUSBAND of (or) WIFE of Throw Howe.	22. HEREIBY CERTIFY, That I attended the ceased from 1934 to Law 4 1934		
6. DATE OF BIRTH (month, day, and year) Desa J-6-188/	I last saw hen alive on Uov. 4 4 1934 death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11.6.m.		
53 1 28 1 day,hrs.	mere as follows:		
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month and	Date of Myrearditis 101/3		
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc.	- Unknown - whathan nehl nitis was resite on Chronic		
Spell (III till)	nespritis, unsposified: duration, unknown		
yaar) occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	1 Chulis 3		
(State or country)	with Hypertension.		
14. BIRTHPHACE (city or town).			
14. BIRTADLACE (city or town)	Name of operation Date of		
State of country /	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Prancis 6. Hood	23. If death was due to external causes (VIOLENCE) fill in also the following:		
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		
Stata or country)	Where did injury occur?		
17. INFORMANT Physical Security (Addrass Successful Lecontrol	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL Place Place 15/16, 18/4	Manner of Injury		
19. UNDERTAKE COLLECT TOUSES	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Accorded	If so, specify 1		
20. FILED Nor 5, 1934 lolars My Hasley	(Signed) Juanus Miley D. (Address) Savage, Wyl.		
NAPAU, Registrar.	(vaniess)		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Date of onset	///	
	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis Other contributory causes of importance:

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DEATH

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If so, specify

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UNITED STATES STANDARD CERTIFICATE OF DEATH

1934

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
4 2 3			La company

See instructions on back of certificate.

TION is very important.

PHYSICIANS should state

of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH County Anne Arindel						(83)		
						Registration Dist. No.		
	Village	or City_Cx	ownsvil	le Stat		death occurred in a hospital or institution, give its NAME instead of street and number)		
	Length o	f residence in ci	ty or town where	death occurred	yrsmos			
2	. FULL	NAME	Filmore	Goodman	1			
	(a) Re	sidence: No	Baltimo	re City (Usual place	of abode)	St., Ward. If nonresident give city or town and State		
	PERS	SONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3.	Male		er or race	5. SINGLE, MARI OR DIVORCED Widow	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH November 9 (Day) (Year)		
5a.	If married, HUSBAND (or) WIFE	widowed, or divo of of	Unknov	/n		22. I HEREBY CERTIFY, Thet I attended deceased from Sept. 10, 1924, to Nov. 9, 1924		
6. DATE OF BIRTH (month, dey, and year) Sept. 1882					382	Sept. 10, 1934 to Nov. 9, 1934 death is sall		
7. AGE Years Months Deys If LESS than 1 day,					1 day hrs.	to heve occurred on the date stated above, at 10: 20 mA . M. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:		
Ye Trade profession or particular						General Paralysis of the Unknown		
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				1	_			
1D. Date decessed last worked at this occuped on this occupation and year)					me (years) It in this petion Unknov			
12		CE (city or town) r country)	Mary	land		Dther Contributory Causes of Importance: Lues Unknown		
ER	13. NAME	Joh	n Thoma	s Goodma	n			
13. NAME John Thomas Goodman 14. BIRTHPLACE (city or town) Unknown (State or country)						Name of operation Date of What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Charlotte Higgs						23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Charlotte Higgs 16. BIRTHPLACE (city or town) Maryland (State or country)						Accident, suicide, or homicide?		
17. INFORMANT HOSpital Records (Address) Crownsville, Maryland					ıd	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVANT Place To Effect Less Date 11/3, 135				13. 34	Manner of Injury			
19	. UNDERTAK (Addres		1.le	ruleiso	le Sufox	24. Wes disease or injury in any wey related to occupation of deceased. If so, security		
20	FILED ! !	13.	1935 5	7.	Registrar.	(Address) Crownsville, Meryland		
			If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V	P			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. classif a hospital or institustead of number.) PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, M WIDOWED (Month) OR DIVORCED (Write the word) HEREBY CERTIFY. That I attended the deceased 6 DATE OF BIRTH 7 1934 to November 16 structions (Month) (Year) and that death occurred on the date stated above, at 107 7 AGE If LESS than The CAUSE OF DEATH & was an follows: I day hra. OCCUPATION (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in(Duration) 'n which employed or (employer)..... I Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF (Signed) FATHER 50 11 BIRTHPLACE State the Disease Causing Math, of the deaths from Violent Causes, state (1) Means of Injery: and (2) whether Accidental, Suicidal or Homicidal. NO ARENT SO OF FATHER (State or country) 4H 12 MAIDEN NAME 4 0 OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate ients, or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death ... (State or country) Where was disease contracted if not at place of death?. statement BURIAL OR REMOVAL DATE OF BURIAN AN ADDRESS * more blanks are needed, address State Registrar. 16 W. Saratoga St., Ralto., Requestive V. 8 No.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the Disease Causing Dearn, state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Coph, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient. e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important so that the relative healthfulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc OI. For many occupations a single word or term on W.S.). At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-As examples: (a) The material

Stacement of Cause of Death—Name, first, the bis. I have causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

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certificate is permanently filed.

this certificate is looked over thoroughly and all quesanswered in detail, it will prevent further correspond-

All the data is essential and must be obtained before

Theat ture of the injury, as fracture of skull, and conse-Noneuclature of the American Medical Association. ment quences (e. g., sepsis, tetanus) may be stated under the Poisoned by curbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drouning; as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause "Puerperal septicuemia" "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal "Uraemia," "Weakness." etc., when a definite disease conditious, eausing death), 29 ds.; Bronchopneumonia (secondstated unless luportant. use of "Tumor" for malignant neoplasms); vulsions." (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory mges, peritonacum, etc., Carcinoma, Surcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic valvular heart disease; of : of cause of death approved by Committee on FOR VIOLENT DUATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." for which surgical operation was under-(R commendations on state-Example: Meusles (disease "Anaemia" Struck by ruilway failure." "Haemor-" "Соща," Meastes; (merely "Con-

	RGIN RESERVED FOR BINDING	FOR BINDING
-WRITE PLAINLY, WITH	UNFADING INK-THIS	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
mation should be carefully s	upplied. AGE should be	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
CAUSE OF DEATH in plain	terms, so that it may be	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.
TION is very important. See instructions on back of certificate.	e instructions on back of	certificate.

N. B.-WRITE PLAINLY,

V. S. No. 1

	CERTIFICATE OF DEATH 10997
1. PLACE OF DEATH	(93-2)
County a a	Registration Dist. No. 21
Village or City an abole's and	No. Energency Hospital St. Ward
(If	death occurred in a horsital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Georgie Hall	
(a) Residence: No. Xemplate Maryland (Usual place of abode)	ou, ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Col OR DIVERGED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Richard, Hale	1 HEREBY CERTIFY. That I attended deceased from
111111111111111111111111111111111111111	1934, to 100/ 1904
6. DATE OF BIRTH (month, day, and year) feely 12 - 1882	I last saw h alive on 19.3 %; death is said
7. AGE Years Molfiths Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
O 7 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related caeses of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	A. A. Date of officer
SAWYER, BOOKKEEPER, etc. House wife	ornichy mening his
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) a a co me	Chr. Mysour Ethis
(State or country)	
13. NAME George Slewart 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Caluer Co vis	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME arrie Lane	23. If death was due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Roaling Co and	Where did injury occur?
Till: Gailer	(Specify city or town, county and State)
17. INFORMANT / Citle / 2 Citle / 3	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMAJION, OR REMOVAL	
Place Met auburn Date Wor 15 1934	Manner of Injury
60 Al 21 a 4	Nature of Injury
19. UNDERTAKER & A Hopping	24. Was disease or injury largeny way related to occupation of deceased?
(Address) am of store med.	If so, specify
20. FILED NN 15 , 195 y Whish	(Signed) (M. D.
Registrar.	(Address) flather and and
If more blanks are needed, address State Registrar	241 N Charles Street Beliance Pourstant 71 6 No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PEROPARTY S.				
Other contributory causes of importance:	5	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82.20
County ame amedil	Registration Dist. No.
Village or City Jewell, Md-	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos.	
2. FULL NAME margaret Power	le Hall
(a) Residence: No. Juvell, md	St., Ward. If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed	21. DATE OF DEATH Wormber (5, 193 4, (Month) (Day) (Year)
5a. If martied, widowed, of structed HUSDAND of	
(or) WIFE of John Hall-	22. I HEREBY CERTIFY, That I attended deceased from Word . 4 19 34 to 15 19 34
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on 200. 11 , 19 34; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at
60 unknown- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	2 nd
9. Industry or business In which work was dona, as SILK MILL, bousewife (runhame	
kind of work dona, as SPINNER, SAWYER, BOOKKEPPER, etc. 9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this oscupation (month and 11. Total tima (yaars) spent in this	1
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) a. a. Lounty-	artenorchrosis
(State or country)	hypertinean
13. NAME Peter Powell 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Hariett ann Janknown?	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME famet ann (unknown) 16. BIRTHPLACE (city or town). Maryland.	Accidant, suicide, or homicide?
17. INFORMANT Aura Cale (Address) Jewell.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOTAL Place Clicing Chappel Date 11/17 344	Menner of Injury
19. UNDERTAKER Robert Hovol: (Address) Friendsliep. He	24. Was diseasa or injury in any way related to occupation of deceased?
20, FILED 11/16/34, 19 W. R. Clay to	(Signad) Emily N Wilson, M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	12		
The state of the s	1 9		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF	DEATH		1291	(191)		1033
County	a a	1	Α		Registration Dist.	No. 21
Village or City	anna	boles	me		ney Hospital	St.,W
Length of resider	ce In city or town where	death occurred	yrsn	nos. 3ds. How long in t	or institution, give its NAME institution. S. If of foreign birth?	vismos.
2. FULL NAM	HESTER	R. HAWI	Entrack	110 11 F/Y	266 Post Hawy	len
	No. Bird	wille	med	St., Ward.	9	
		(Usual place				city or town and State
	L AND STATIS	1			AL CERTIFICATE OF	DEATH
X	COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEA	nov	20 , 193 <u>(</u>
ia. If married, widowed, HUSBAND of (or) WIFE of	Soliant	Haw:	Ley Pay	22. Nors 18	EBY CERTIFY, 1	That I attended deceased to
DATE OF BIRTH		0. 29	in loc	9 I last saw h LA alive	on 200 20	19.3 C. davb le
AGE Years	Months	Deys	If LESS than		ate stated above, at 1134/5	m
7	5 4	7	1 dey,h		OF DEATH and related causes of i	
8. Trade, profession	n, or perticular done, as SPINNER.	1			1 . 4	Data of c
SAWYER, B	OKKEEPER, etc	10 on	<u></u>	- Gus /Upl	mbs	201
9. Industry or bus	iness in which ine, as SILK MILL, BANK, etc			Meinera	0	age
10. Date deceased		- Spi	time (years) ent in this			
12. BIRTHPLACE (city o	,	arylas	rd.	Other Contributory Causes	of importance:	
(State or country	10 .		10.	Theres	yeur_	
13. NAME	Benjan	rose Ul	llu	- aguin de	o como	
14. BIRTHPLACE (c		Hans	0	Neme of operation		Date of
15. MAIDEN NAME	Carr	ering !	BARO,		osis?ernal causes (VIOLENCE) fill In a	
16. BIRTHPLACE (c	ty or town)				cide? Date (
(State or co	1/ /	many		Where did injury occur?		
7. INFORMANT(Address)	Birdser	more	land	Specify whether Injury occ	(Specify city or town, curred in INDUSTRY, in HOME, o	, county and State) or In PUBLIC PLACE.
8. BURIAL, CREMATIO	, OR REMOVAL	10 00	1/22 3	Menner of injury		
Place Zall	ands Ashy	L Dete Vos	19/	Nature of injury		
9. UNDERTAKER (Address)	Ben I	Hope	B	24. Was disease or injury in	n any way related to occupation	of deceased? UU
(vanie22) C						

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Example I	i	Example II	
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Chronic interstitial nephrifis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

Correction of name of deceased	and day of birth: certified copy.
	Dr. Basil, filed December 3, 1934
under BASIL.	
	Bureau of Wital Statistics

-WRITE PLAINLY,

should state of OCCUPA.

PHYSICIANS Exact statement

properly classified.

pe

CAUSE OF DEATH in plain terms, so that it may

- 1	1	4.0	13	11
1	1	V	U	1

1. PLACE OF DEATH		93-01			
County Anne	armal		Registration	Dist. No. 2 6	
Village or City Churc	chtore	NoNo	- in NAM	St.,	War
Langth of residence in city or town where death of	occurradyrsr				
2. FULL NAME Charles	Berson	Loues			
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident	give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH	
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word)	21. DATE OF DEAT	Mov.	22 (Dev)	, 193 4
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Awa	nes		BY CERTIF	Y, That I attandad	deceased from
6. DATE OF BIRTH (month, day, end yeer)	t. 17, 1879	I last saw h alive on	, 19, to		
7. AGE Yaars Months 55 1879 Oct	Deys If LESS than I day,h ormin.	to have occurred on the determine. The PRINCIPAL CAUSE OF D ware as follows:			Date of ones
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	armer	acute 1	Myocarditis		Date of onse
Industry or business in which work was done, as SILK MILL,			•		
10. Date deceased last worked et this occupation (month end year)	11, Total time (years) spent in this occupation	Othar Coutributory Causes of			
12. BIRTHPLACE (city or town) 3alt). (State or country)	+md,				
13. NAME Worthington	Jones .				
14. BIRTHPLACE (city or town) Balt (Stata or country)	* md	Name of operation		Data of	
15. MAIDEN NAME alies 6.	Cook	23. If death was due to externa			
16. BIRTHPLACE (city or town) Balta (State or country)	Tad	Accidant, suicida, or homicide		Date of injury	, 19
17. INFORMANT Anna (Addrass) 1239 Janes	Mes Bato M	Spacify whether injury occurre	(Specify city or		LACE.
18. BURIAL, CREMATION, OR REMOVAL Placa London Dak Da	ta Nrv. 23, 193	Manner of Injury			
19. UNDERTAKER J COLLEGE (Addrass)	bid	24. Wes disaase or injury in a	ny way relatad to occup	etion of daceasad?	1 1 K
20. FILED Mor 2 2, 1934 Ge	V T Dank My V	(Signad) (Address)	no h B	eting go	To MA

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Pentmitte	3 days ago
/	17. 0		3 0-
	de.	02	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		* /	

V. S. No. 1

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County anne Anneles	Registration Dist. No.
Village Dr City 13 ayard Length of residence In city or town where death occurred yrs. m	NoSt.,Ward
2. FULL NAME Ida Ruth I was (a) Residence: No. Day and M. (Usual place of abode)	osds. How long In U.S. if of foreign birth?yrsmosds. St.,Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED ("write the word)	21. DATE OF DEATH WY 23 (Pay) (1934)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.1 1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hr ormin.	I last sew h
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country) 3. Trade, profession, or particular kind, of particular kind of the profession with the country and the particular kind of the particular kind of the particular kind of the particular kind of work was done, as SPINNER, SAWYER, BDDKKEFER, etc. 11. Total time (yeers) spent in this occupation	Date of onset Of The Ville Dictional Date of onset Description Date of onset Date of onset Date of onset
14. BIRTHPLACE (city or town) Proper ce Server (State or country) May Care	Name of operation Date of Date of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town). Church Church Church 17. INFDRMANT. Church C	23. If deeth was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR REMOVAL. Place LLT CHEMPO Date MOT 25-19-34	Manner of injury
19. UNDERTAKER Marles Jones (Address) LOTHLA-N Zyd-	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Nor 24, 1934 21-17 Claritor Dep with Registrar.	(Signed) County Sans CV M. D (Address) Upfur Machine M. D (Address) Upfur Machine M. D (Address) No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

RGIN RESERVED

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLAINLY, WITH

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Exact statement of OCCUPA-

	E OF DEATH	-		<u> </u>	
	anne Aru				Dist. No. 21
Village	or City Annapol	ĺS		No. Emergency Hospital death occurred in a hospital or institution, give its NAME	St., Ward
Length	of residence in city or town when	e death occurred 21		ds. How long in U.S. if of foreign birth?	
2. FULL	NAME NICHOLA	SLIBOTTE		ZITHIN C	GRPORATE
(a) Re	sidence: No. 124 Do	ek Street		St., 1 Ward.	CIMITS OF
		(Usual place of al			give city or town and State
PERS 3. SEX	SONAL AND STATIS			MEDICAL CERTIFICATE	OF DEATH
	4. COLOR OR RACE	5. SINGLE, MARRIEI OR DIVORCED (2	write the word)	21. DATE OF DEATH November	26 193 4
Male in If married	white	Married		(Month)	(Day) (Year)
HUSBAND (or) WIFE	of harv T	ibotte		1 HEREBY CERTIF	Y. That I altended deceased from
DATE OF R	RTH (month, day, end year)	es. 21 18	199	l last saw hand allve on Nov > C	2, 19 2, L; death is said
7. AGE	Years Months	Days	If LESS than	to have occurred on the date steted above, at 6	7.m.
	52 11		I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	es of importence
1.1	profession, or perticular				
9. Industri	d of work done, as SPINNER, WYER, BDOKKEEPER, etc y or business in which rk was done, as SILK MILL, W MILL, BANK, etc			Cente Delatrici	7 Near 11-25.
- Paris Citi		nainter 11. Totel time spent in occupati	n this		7 Nead 11-25.
9. Industry wo SA 10. Date of this year	ry or business in which rk was done, as SILK MILL, W MILL, BANK, etc	11. Totel time	n this	Other Contributory Causes of Importance:	7 Near 11.25
2. BIRTHPLA	ry or business in which rk was done, as SILK MILL, W MILL, BANK, etc	11. Totel time	n this		7 Near 11-25
12. BIRTHPLA (State	ry or business in which rk was done, as SILK MILL, W MILL, BANK, etc leceased lest worked et s occupation (month and ir) CE (city or town) B ©	11. Totel time spent in occupati	n this		7 Near 11. 25
2. BIRTHPLA (State of 13. NAME) 14. BIRTH	ry or business in which rk was done, as SILK MILL, WILL, BANK, etc leceased lest worked et s occupation (month and ir) CE (city or town) Cr country) Both PLACE (city or town)	11. Totel time spent in occupati	n this	Other Coutributory Causes of Importance: Authorized School Schoo	Date of
12. BIRTHPLA (State of	ry or business in which rk was done, as SILK MILL, WillL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) CC (city or town) LL PLACE (city or town)	11. Totel time spent in occupati	n this	Other Contributory Causes of Importance: And Andrew Julius Name of operation Whet test confirmed diegnosis?	Date of
12. BIRTHPLA (State of	y or business in which rk was done, as SILK MILL, WMILL, BANK, etc eceased lest worked et s occupation (month and ir) CE (city or town) CE (city or town) U PLACE (city or town) N NAME U N NAME	11. Totel time spent in occupation occupatio	n this	Other Contributory Causes of Importance: Author School Sc	Date of
22. BIRTHPLA: (State of State	ry or business in which rk was done, as SILK MILL, WillL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) CC (city or town) LL PLACE (city or town)	11. Totel time spent in occupation occupatio	n this	Other Contributory Causes of Importance: When a confirmed diegnosis? 23. If death wes due to external causes (VIDL ENCE) fill Accident, suicide, or homicide?	Date of
12. BIRTHPLA (State of 13. NAME 14. BIRTHI (SI 15. MAIDE 16. BIRTHI (SI 17. INFORMAN)	ry or business in which rk was done, as SILK MILL, WILL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) PLACE (city or town) N NAME PLACE (city or town) PLACE (city or town) We ate or country) N NAME U PLACE (city or town) L R PLACE (city or town) L R PLACE (city or town) L R PLACE (city or town)	11. Totel time spent in occupati l rium nknown nknown nknown nknown nknown	n this ion	Other Contributory Causes of Importance: Author Julius Name of operation. Whet test confirmed diegnosis? 23. If death wes due to external causes (VIDL ENCE) fill Accident, suicide, or homicide? Where did injury occur?	Date of
12. BIRTHPLA (State of 13. NAME 14. BIRTHI (SI 15. MAIDE 16. BIRTHI (SI 17. INFDRMAN)	y or business in which rk was done, as SILK MILL, WILL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) PLACE (city or town) U PLACE (city or town) N NAME U PLACE (city or town) L Bete or country) N NAME U PLACE (city or town) L SES 124 Dock St	11. Totel time spent in occupati l rium nknown nknown nknown nknown nknown	n this ion	Other Contributory Causes of Importance: Additional Section S	Date of
12. BIRTHPLA (State of 13. NAME 14. BIRTHI (SI 15. MAIDE 16. BIRTHI (SI 17. INFDRMAN) (Addres 18. BURIAL, CF	y or business in which rk was done, as SILK MILL, WILL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) PLACE (city or town) N NAME PLACE (city or town) PLACE (city or town) Wete or country) I MARY LEMATION, DR REMOVAL	11. Totel time spent in occupati l rium nknown nknown nknown nknown nknown	is, Md.	Other Contributory Causes of Importance: Whet confirmed diagnosis? 23. If death wes due to external causes (VIDL ENCE) fill Accident, suicide, or homicide? Where did injury occur? (Specify city or Specify whether injury occurred in INDUSTRY, in HD	Date of
12. BIRTHPLA (State of State o	y or business in which rk was done, as SILK MILL, WILL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) PLACE (city or town) N NAME PLACE (city or town) N NAME PLACE (city or town) LU SES 24 Dock St EMATIDN, DR REMOVAL	11. Totel time spent in occupation occupatio	is, Md.	Other Contributory Canses of Importance: When of operation	Date of
12. BIRTHPLA (State of 13. NAME 14. BIRTHI (SI 15. MAIDE 16. BIRTHI (SI 17. INFDRMAN' (Addre: 18. BURIAL, CF	y or business in which rk was done, as SILK MILL, WILL, BANK, etc. leceased lest worked et s occupation (month and ir) CE (city or town) PLACE (city or town) N NAME PLACE (city or town) N NAME PLACE (city or town) LU SES 24 Dock St EMATIDN, DR REMOVAL AND DOLIS, Md ER JOHN M. T	lrium nknown nknown nknown nknown nknown nknown nknown	is, Md.	Other Contributory Causes of Importance: Whet confirmed diagnosis? 23. If death wes due to external causes (VIDL ENCE) fill Accident, suicide, or homicide? Where did injury occur? (Specify city or Specify whether injury occurred in INDUSTRY, in HD	Date of

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. & No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u></u>

1. PLACE OF D				93-2	1
County	e Arundel			Registration Dist. No. 4	
	Annapoli		(1	f death occurred in a horpital or institution give its NAME instead of street and is. ds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME. (a) Residence: N	707 00000	ewis LUCE dville Ave (Usualplace		St., Ward. Annapolis, Md. If nonresident give city or town and	State
PERSONAL	AND STATIST			MEDICAL CERTIFICATE OF DEATH	11010
3. SEX 4. 0	COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) OWED	21. DATE OF DEATH November 23, (Month) (Dev)	, 193 4 •
5e. If merried, widowed, or HUSBAND of (or) WIFE of	Unika	own		22. HEREBY CERTIFY, That attended 11/14/34 19 to 11/23/34	deceased from
6. DATE OF BIRTH (mont 7. AGE Years	h, day, end yeer) 3 Months	0 Nov., 1	858 . If LESS then 1 dey,hrs. ormin.	to have occurred on the date stated above, at 11:12 m M. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:	_; death is said
9. Industry or busin work wes done SAW MILL, BA	Jone, es SPINNER, U KKEEPER, etc. ess In which b, as SILK MILL, NK, etc	U.S. Nav	y • ime (years) nt in this 23 y	Myocarditis, chronic. But the contributory Causes of Importance:	-
12. BIRTHPLACE (city or to (State or country)	•••••••••••••••••••••••••••••••••••••••	ort, Main	e.	Senility.	-
13. NAME 14. BIRTHPLACE (city	Unifes	nown			-
(State of confi		mouse	• • • • • • • • • • • • • • • • • • • •	Neme of operation Dete of Whet test confirmed diagnosis? Clinical Wes there en	
15. MAIDEN NAME 16. BIRTHPLACE (city (Stete or coun		non		23. If deeth wes due to externel causes (VIOL ENCE) fill in elso the following Accident, suicide, or homlcide? Dete of injury Where did injury occur?	, 19
17. INFORMANT (A)		le an	all	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	e) ACE.
18. BURIAL, CREMATION,	DR REMOVAL	Date Nov	127,1937	Menner of injury	
19. UNDERTAKER (Address)	. L. 740	Jefore	e	24. Wes disease or injury in any way related to occupetion of deceased?	No.
20, FILED 1 1 2 6	1934	AMN	ell.	(Signed) R.R. GASSER, Lt. Comdr. (MC) U	SNM.D

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Address) U.S.N. HOSPI Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BHORMEV E			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instructions on back of certificate.

TION is very important.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(82·a)
County Anna crewell	Registration Dist. No. 23
Village or City Liet Lecum Heights mo	Not ammonds Fire Rd, St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(1) · (1) · (1) · (1)	/ John Tong in 0.3.11 of foreign picturyrsgrs
2. FULL NAME WILLOW TS. III LCL all	<u>.</u>
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OLA QUECT	21. DATE OF DEATH 7
5e. If married, widowed, or divorced HUSBAND of Frances Thera Michael	22. I HEREBY CERTIFY, That I attended deceased from 12 W Le 1934, to 12 W 6 , 1934
6. DATE OF BIRTH (month, day, and year) 16, 1876	I last saw h alive on death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.4.5. Am.
58 6 23 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Cerebrat 16 aurelinge 1 wa/24
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and 11/2/33 11. Total time (years) spant in this year)	
12. BIRTHPLACE (city or town). Baltemarl, (State or country)	Other Contributory Causes of importance: 10 Carly Sub
13. NAME Danial Mechael 14. BIRTHPLACE (city or town) I trederick (State or country)	[-/
4. BIRTHPLACE (city or town) I fuld like (State or country)	Name of operation Date of Was there an au'opsy? www
15. MAIDEN NAME Lucia Lemon!	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Quita femon 16. BIRTHPLACE (city or town) Dalthmore, 700 (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Selber AM LORally (Address) Lauth account of the country	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dugles Jarrel Date D J DOY , 18 Sef	Nature of injury
19. UNDERTAKER & mas le diregation (Address) Luthi of my bling to my	24. Wes disease or injury In any way related to occupation of deceased?
20. FILED New 8, 1934 Caldwell Woodruff Registra!	(Signed) Y leymond v Jeleur M. D. (Address J 70 1 / Bally Lyn Bel

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example 11	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WINDS IN THE		1 Am	
Other contributory causes of importance:		Other contributory causes Dimportance 193	1
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor-
N	Jo
1	item
	Every
)	RECORD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
)K	Y
F	IS
ED	THIS
SER	INK
RGIN RESERVED FOR BINDING	UNFADING
4	WITH
	PLAINLY,
No. 1	3.—WRITE
202	. E
>	Z

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

				CENTIFICATE OF BEATT	*11/1=
			F MARYLAND—	CERTIFICATE OF DEATH	1000
2	. PLACE OF	DEATH	10	(46)	
	County	une Unu	udel	Registration Dist. No.	
	Village or City.	alleme.	Greek, MA	ND. St., f death occurred in a horpitalor institution, give its NAME instead of street and i	Ward
	Length of residen	ce In city or town where de	/ /	s	
2	. FULL NAME	Henry C	John Mill		
	(a) Residence:	MACT	Lack med	St Ward.	
	(a) Residence.	110	(Usual place of abode)	If nonresident give city or town and	State
		L AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3, 3		. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	-7
	me	w	married	(Month) (Day)	(Year)
5e.	If merried, widowed, HUSBAND of	or divorced	n '00.	22. A HEREBY CERTIFY. That I ettended	decessed from
_	(or) WIFE of	Chose 1	· Cuar	Oct. 1 1934 6 year. 8.	1934
6.	DATE OF BIRTH (mo	nth, dey, end yeer) Se	M 28. 1860	I last saw h sine elive on Mar. 7, 1939	; death is said
7.	AGE Yeers	Months /	Deys If LESS then	to heve occurred on the date stated above, et 4.0 A.m.	
	14	1	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows	10.0.
NO	8. Trede, profession kind of work	n, or perticuler done, es SPINNER, OKKEEPER, etc.	Etired	Interlinal abstruction	Data offpreet
OCCUPATION	9. Industry or busi		,		M34
0000	1D. Date deceased le	est worked et on (month and	11. Total time (years) spant in this occupation		
	your)		Occupendi	Other Coutributory Causes of importance:	
12.	State or country		restant.	Caremana of Caesum	Heal
œ	13. NAME	Malia	9 Miller		· · · · · · · · · · · · · · · · · · ·
THER	,	y area my	Des	Name of operation Mane Date of	
FA	14. BIRTHPLACE (ci (State or cou		N.6.	What test confirmed diagnosis? Classed Wes there en a	Mo
ER	15. MAIDEN NAME	dobhie (Ridgley Talson	23. If deeth wes due to external ceuses (VIOLENCE) fill in elso the following	
OTH	16. BIRTHPLACE (ci	ty or town)	2000	Accident, suicide, or homicide?	
ž	(State or con		Maryland	Where did injury occur?	
17.	INFORMANT	Ins Benj	St. Jones.	(Specify city or town, county and Stat Specify whether Injury occurred in INDUSTRY, In HDME, or in PUBLIC PL	e) ACE.
18.	BURIAL, CREMATION	OR REMOVAL	09. 4	Manner of injury	
	Plece WARN	ul Comelen	Dete / 10 0 , 19 3 4	Neture of injury	
19.	UNDERTAKER W.	W. Chamb	ers 60 - 1-10	24. Wes diseese or injury In any wey releted to occupation of deceesed?	no
	(Address)	o Chedin	Star Starker	If so, specify	
20.	FILED 1/8	19.54	Murph	(Signed) 9. Willes y arling	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11006
1. PLACE OF DEATH	
County a.a.	Registration Dist. No. 3
Village or City annapoles	f C
(If	death occurred in a benefital or institution, give it NAME instead of street and number)
Langth of rasidenca in city or town where daath occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME James H No	WITHIN CORPORATE LIMITS
(a) Residence: No. W Caterbary . m.d.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 17 193 4 (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Rose Nother	22. I HEREBY CERTIFY, That I attended deceased from
5 DATE OF BIRTH (month day and wast) (IBDIE 9-1880	Nov 19 34, to Nov 17 19 34
C. DATE OF BIKITI (MONTH, day, and year)	I last saw h Long aliva on LWW 1, 193 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at/m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
00 / / ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.	The state of the s
9. Industry or business in which	Rupturd Joshie War. 11-15-34
work was dona, as SILK MILL, SAW MILL, BANK, atc.	
- I spent in this	
3 2 1/2 0	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) YY (State or country)	P12 12 12 12 12 12 12 12 12 12 12 12 12 1
13. NAME James Nothy	1 state of state of the state o
13. NAME James Nothy 14. BIRTHPLACE (city or town)	Name of operation Repair / when Data of 1/-15-54
(Stata or country) maryland	What test confirmed diagnosis? Thurth: Was there an autopsy? No
15. MAIDEN NAME mary King 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Data of Injury, 19
E (State or country) maryland	Whara did injury occur?
17. INFORMANT Post Northy Maryland	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Glendale Time & Date Wow 20, 19 /	Nature of injury
19. UNDERTAKER O L Hopping (Addrass) Consultation	24. Was disaasa or injury in any way ralated to occupation of deceased?
20. FILED 11 18 , 1934 9M NV Registrat.	(Signad) Lorge C. Pasel M. D. (Address) Aurabalia M.M. D.
	2411 N. Charles Street, Ballimore, Requesting V.S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
- And - Andre			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

LION

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	The Street
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year
			1

FOR BINDING

RESERVED

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Example I	188	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11000
County	Registration Dist No.
Village or City tunupolis	No. ameralness Hospitain Ward
	f death occurred in a horpitator institution, twe is NAME instead of street and number) sds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Offorence Pas	ker
(a) Residence: No. 568 Casles Are. (Usual place of abode)	St., Ward. Oustfant mol
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5. If married, widowed, or divorced	21. DATE OF DEATH MOST 14 , 193 4 (Month) (Day) (Vaar)
HUSBAND OF Clayundly Parker	22. I HEREBY CERTIFY, That I attended deceased from 6cf. 1934 to Nav. 14 1934
6. DATE OF BIRTH (month, day, and year) May (1884	liast saw her alive on Mar. 14, 1934; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the data stated above, at de 20 mm, The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or perticular	Cerebral abscess (?) Date of maps
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last workad at this occupation (month and	//
work wes done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Annufacts - (State or country)	Other Contributary Causes of importance: Media unknamental media unknamental media unknamental media
13. NAME William Strickung	
13. NAME Mallorm Streeting 14. BIRTHPLACE (city or town) (Stata or country)	Name of operation Name Date of Date of What tast confirmed diagnosis? Chinical Westhera an autopsy?
15. MAIDEN NAME Lyzic Johnson	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lygis 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
17. INFORMANT Williams Strictman (Address) 80 Charles Tree	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Amajorume Bare W. 6,134	Natura of injury
19. UNDERTAKER GADINGS AMARAGES	24. Was disaasa or injury in any way related to occupation of daceased?
20. FILED 114 , 19.34 AMAN Registrar.	(Signed) J. Willie M. Arlin M.D. (Address) J. Asin apalia, M. O.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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E	kample 1	i i	Example II	
The principal cause of dea of importance were as followarteriosclerosis	th and related causes - bws:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	UKO II BINE	July 5, 1927	Peritonitis	3 days ago
	BUREAU V 1	J 3		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—CERTIFICATE OF DEATH

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(62-01)
County ame arundel	Registration Dist. No. 25
	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds How long In U.S. If of foreign birth?yrsmosds
2. FULL NAME John William	Phipps
(a) Residence: No. Qual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
alle White OR DIVORCED (write the word)	November 17, 193 4 (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	
(or) WIFE of Prispha Philips	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 5, 18,54-	I last saw h. Man. alive on how. 17, 1954; death is sain
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
80 4 /2 1 day,hrs	were as follows:
R Trade profession or particular	Cerebal Hunonhage - Oato of onsel
kind of work done, as SPINNER, Oyslynam	
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this perunalizing (month and	
10. Date deceased last worked at this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) Q. Q. BO	Other Contributory Causes of importance:
(State or country)	arthiochipis.
13. NAME Tupolas Philes	
13. NAME TUROLOS Phylefs 14. BIRTHPLACE (city or town) - Mal	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME LEVEN FLISCHMU 16. BIRTHPLACE (city or town) Germany (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Germany	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT CARD I MARKET	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Plece Schall Date 100.20,934	Nature of Injury
19. UNDERTAKER J. a. Asanging + for (Address)	24. Was disease or injury in any way related to occupation of deceased? 10
20. FILED Nov- 19 , 1934 Gent Dent mo	(Signed) Emily A. Instan, M.
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		1	

Langth of residence in city of town where death occurred yrs		STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Amage to Man No. Langth of residence in city of town where death occurred yrs mos ds. How long in U. S. if of foreign birth? yrs		1. PLACE OF DEATH	95.7
Langth of residance in city of town where death occurred yets. Langth of residance in city of town where death occurred yets. 2. FULL NAME (a) Residence: No. 13 / Color of RACE (b) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (carrie the word) Sa. If married, widowed-or divorced of the word of the control of the color of the col		County Cl - Cl - '	Registration Dist. No.
Langth of residance in city of town where death occurred yrs			No. St Ward
2. FULL NAME Storgs Cadward Purkney (a) Residence: No. 13 W. 14 St. Ward. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKIED, WIDOWED. OR DIVORCED (carrie the word) Sa. II married, widoward-or divorced Widoward or divorced (correct the word) Sa. II married, widoward-or divorced (correct the word) Sa.		Langth of residence in city or town where death occurred	death occurred in a hospital or iostitution, give its NAME instead of street and number)
(a) Residence: No. 13		ol. I (1)	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Comit the word Willow or William or Wi		19 %	WITHIN COORDEATE LIMITS OF
PERSONAL AND STATISTICAL PARTICULARS J. SEX 4. COLOR OR RACE OR DIVORCED Curic the word) Wildow or Wildow or divorced Horizon of Cory hire of Wildow or Miles of Cory hire			
OR DIVORCED Corrice the word) Sa. If married, widowed, or divorced HUSBAND of Corrice the word) Sa. If married, widowed, or divorced HUSBAND of Corrice the word) Sa. If married, widowed, or divorced HUSBAND of Corrice the word) Sa. If married, widowed, or divorced HUSBAND of Corrice the word of Corric		PERSONAL AND STATISTICAL PARTICULARS	
So. If married, widowed, or divorced widowed, or di		OR DIVORCED (write the word)	21. DATE OF DEATH 1934
(or) WIFE of W		5a. If married, widowed or divorced HUSBAND of	
Table 1 Days If LESS than 1 day hrs. or min. The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows: Note of the control of the date stated above, at 201 m.		(or) WIFE of The Centre of Kidowes	22. I HEREBY CERTIFY. That I attended deceased from
SAWER, BOKKEPER, etc. SAWAY (SAWER, BOKKEP, etc. SAWAY (SAWE	te.	6. DATE OF BIRTH (month, day, and year) aw 30, 1872	I last saw h_Uss_alive on_UU
SAWER, BOKKEPER, etc. SAWAY (SAWER, BOKKEP, etc. SAWAY (SAWE	fica	1 220	
SAWER, BOKKEPER, etc. SAWAY (SAWER, BOKKEP, etc. SAWAY (SAWE	erti		were astronows:
The state of country) The state of country and state of country and state of state or country and state of state or country and state		8. Trada, profassion, or particular kind of work done, as SPINNER,	Cellew Selecter - Carder July 1-
12. BIRTHPLACE (city or town). Quanting this occupation (month and grad spent in this occupation). Other Cestributery Causes of Importance: (Stata or country) 13. NAME 14. BIRTHPLACE (city or town). Quanting of the companion occupation. (State or country) 14. BIRTHPLACE (city or town). Quanting of the companion occupation. (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Quanting of the companion occupation. (State or country) 16. BIRTHPLACE (city or town). Quanting occupation. (State or country) 17. Maiden Name 18. Maiden Name 19. Maiden Name 19. Maiden Name 19. Maiden Name 10. Maiden Name 10. Maiden Name 11. Total time (years) occupation Other Cestributery Causes of Importance: (Cause Quality of the companion occupation occupation. (State or country) Name of operation. What test confirmed diagnosis? Was there an autopsy? Occupation occupation. What test confirmed diagnosis? 23. If death was due to external causes (VIOL ENCE) fill in also tha following: Accident, suicide, or homicide? Date of injury. (Specify city or town). occupation. (Specify city or town). occupation. (Specify city or town). occupation.		The Tandiletry or hijelages in which	Varaular destere 11434
12. BIRTHPLACE (city or town)	bac	Q work was done as SHK MHH	
14. BIRTHPLACE (city or town). Amali of observed to state or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Amali of operation. What test confirmed diagnosis? Was there are autopsy? Was the autopsy was the	s on	10. Date dacaasad last worked at this occupation (month and Afril 11. Total time (years) 4 4	70
14. BIRTHPLACE (city or town). Amali of observed to state or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Amali of operation. What test confirmed diagnosis? Was there are autopsy? Was the autopsy was the	tion	O maket.	Other Contributory Causes of Importance:
14. BIRTHPLACE (city or town). Amali of observed to state or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Amali of operation. What test confirmed diagnosis? Was there are autopsy? Was the autopsy was the	ruc	(State or country) $\alpha - \alpha - \alpha - \alpha - \alpha$	(Parese Archuan) 1975
14. BIRTHPLACE (city or town). Amali of observed to state or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Amali of operation. What test confirmed diagnosis? Was there are autopsy? Was the autopsy was the	inst	13. NAME William Pinkney	J. Carrier of the control of the con
What test confirmed diagnosis? Was there an au'opsy? If 15. MAIDEN NAME 16. BIRTHPLACE (city of town) Amage of a few country) 16. State or country) 17. What test confirmed diagnosis? Was there an au'opsy? If 23. If death was due to external causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide? Where did injury occur? Consider the country of the country of the country and State or country and St		14. BIRTHPLACE (city or town) amali olis	Name of operation Date of
Where did injury occur? (Specify city or town, county and State)	S	(State of country) Q = Q - [mal	What test confirmed diagnosis? Was there an autopsy? W.s.
Where did injury occur? (Specify city or town, county and State)	int.	15. MAIDEN NAME Janka Wallace	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
Where did injury occur? (Specify city or town, county and State)	orte	o 16. BIRTHPLACE (city of town) afrolis	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT WEAR P Brown Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	mp	(State or country) $U = Q + CO$ MA	
(Addrass) /3 7 W 28 - S1	very i		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Mannar of Injury	A SI	0 000	Mannar of Injury
		Place! Drenve Jose! Gust Date !! 1 3 , 19 54	Natura of injury
Natura of injury 19. UNDERTAKER & HB Parker 24. Was disaasa or injury in any way related to occupation of decaased? M	FIO	19. UNDERTAKER & H. B. Yarker	24. Was disaasa or injury in any way related to occupation of decaased?
(Address) 47 Washington SI- If so, specify Pf		(Address) 47 Washington SI-	
20. FILED 11 12 1934 January. (Signad) Wellth - William M.			
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting (1) S. No. 1	1		

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	-		

V. S. No. 1

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IYSICIANS	statement	
7. PH	Exact	
mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
stated E	properly	TION is very important. See instructions on back of certificate.
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pl	DE	Y
shou	OF	s ver
no	SE	1
matic	CAU	TIOL

		F MAR	YLAND-	CERTIFICATE OF DEATH	112		
1. PLACE OF DE	Αν	ne Arun	del	(9)	,		
	ort George	G. Mead	9	Registration Dist. No	mber)		
2. FULL NAME_ (a) Residence: No	Martha 1	Ellen Re	iley	St, Ward. Fort George G. Meade If nonresident give city or town and S			
PERSONAL A	ND STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed				21. DATE OF DEATH November 4	193		
5a. If married, widowad, or divorced HOSEANE John H. Reiley				(Month) (Day) (Yeer) 22. HEREBY CERTIFY, That I attended deceased f November 1 1934			
6. DATE OF BIRTH (month, day, and year) May 8, 1846				er November 4 34	deeth is said		
7. AGE Years 88	Months 5	Deys 26	If LESS than 1 dayhrs. ormin.	to have occurred on the data stated above, at 7:40 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	nearii 12 Said		
8. Trede, profassion, o kind of work do SAWYER, BDDK 9. Industry or busines work was dona, SAW MILL, BAN 10. Date dacassal last this occupation of this occupation of the social statement of the soci	ne, es SPINNER, KEEPER, etc			Arteriosclerosis, generalized,	nkn ow r		
SAW MILL, BAN 10. Date dacasassis this occupation (K, etcworked at	11. Total t	ima (years) nt in this				
12. BIRTHPLACE (city or too (State or country)	York Co			Dthar Contributory Causes of Importance:			
TI 13. NAME U	nknown						
13. NAME U 14. BIRTHPLACE (city of (Stata or country)	Time Lange			Name of operation Date of What test confirmed diagnosis? Was there an au-	no no		
15. MAIDEN NAME	Unknown	1	i letolisto e vi	23. if death was due to external causes (VIOLENCE) fill in also the following:	-		
15. MAIDEN NAME 16. BIRTHPLACE (city of (Stete or country)) 17. INFORMANT MT • 1	sgt. Christ	Unknown ian H.L.	Moller,	Accident, suicide, or homicide? Dete of injury Whare did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC			
18. BURIAL, CREMATION, O	t George G. R REMOVAL , Pa.			Manner of Injury			
(Address) B	ert Brooks altimore, M		uman	24. Was disease or injury In any way related to occupation of dacaasad?	No.		
20. FILED NOV. 4	, ₁₉ 34 C.	E.FREEMA	N, Col., M. Registrar.	(Signad) R.E.Peyton, Capt., (Addrass) Fort George G. Meade, Md			

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	-1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BULLETALI V.	13		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

certificate.

See instructions on back of

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MARGIN RESERVED FOR BINE	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERM	nation should be carefully supplied. AGE should be stated EXA	CAUSE OF DEATH in plain terms, so that it may be properly class	in hack of certificate.
MARGIN RES	WITH CNFADING IN	efully supplied. AGE	in plain terms, so that	CION is very important. See instructions on hack of certificate.
•	WRITE PLAINLY,	nation should be can	CAUSE OF DEATH	FION is very import

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Anne Arundel County Registration Dist. No. State Hospital No. Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred _mos.____ds. How long in U.S. if of foreign birth?______yrs._____mos.____ds. 2. FULL NAME Jeroline Richardson (a) Residence: No. Charles County (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Single Female Black 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 1970 6. DATE OF BIRTH (month, day, and year) 7. AGE **Years** Months Days If LESS than to have occurred on the date stated above, at I day,hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance Unkhown or____min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 1,011e OCCUPATION 9. Industry or business in which work was done, as SILK MILL, Unknown SAW MILL, BANK, etc. 10. Date deceesed last worked at 11. Total time (years) this occupation (month and spent In this This now year) _____UIII IIO WA Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) Washington Pulmonery Hemmorrhage (Stete or country) FATHER Noble Toy 13. NAME 14. BIRTHPLACE (city or town) Maryland Neme of operation..... (State or country) What test confirmed diagnosis? Was there an europsy? MOTHER 15. MAIDEN NAME Bessie 23. If death wes due to external couses (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Accident, suicide, or homicide?______ Date of Injury______ 19__ (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Hoppital Records Specify whether Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT .. Crownsville. Maryland (Address) 18. BURIAL, CREMATION, OR REMOVAL Menner of Injury em Date 101.16 193 Nature of Injury 24. Was diseese or injury 19. UNDERTAKER If so, specify 20, FILED (/)4 Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPA	CE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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Ex	ample I		Example II		
The principal cause of deat of importance were as follow		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1950 n 165	1915	Attack of epilepsy	1 week aga	
Chronic interstitial nephritis	34 34 34 34	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUBBALLY	July 5, 1927	Perilonitis	3 days ago	
Other contributory causes of	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastraenteritis	1 year	

V. S. No. 1

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	

11015

1	. PLACE OF DEATH	<u> </u>
	County arms arms all	Registration Dist. No. 20
	Village or City Collicare	No. St., Ward
		f death occurred in a hospital or institution, give its NAME instead of street and number) sds. ' How long in U.S. If of foreign birth?yrsmosds.
2	FULL NAME (Girl) Stemme	
-	(a) Residence: No.	St., Ward.
a-maile:	(Usual place of abode)	If nontesident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a.	If merried, widowed, or divorced	
	HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from
	DATE OF RIPTH (month day and year) 102 20 th 1934	I last saw h alive on Scill 19 death is said
-	DATE OF BIRTH (month, day, end year) AGE Years Months Oays If LESS than	to heve occurred on the date stated above, at
	1 day,hrs.	more as follows: Or DEATH sind related causes of importance
z	8. Trade, profession, or particular	Prematerity Cate of onset
T10	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	-
UPA	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
OCCUPATION	10. Date deceased last worked at this occupation (month and spent in this yoar).	
	1. care for 1	Other Contributory Canses of Importance:
12.	BIRTHPLACE (city or town) (State or country)	-
ER	13. NAME Clarence Ximus	
FATHER	14. BIRTHPLACE (city or town) Medry land	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an au'opsy?
HER	15. MAIDEN NAME GESSIE Willace	23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) - ftall land	Accident, suicide, or homicide?
-	(State or country)	Where did injury occur? (Specify city or town, county and State)
17.	(Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION OR REMOVAL	Manner of injury
	Place Ust Just Oate 1994	Nature of injury
19	UNDERTAKER Clarence Services	24. Was disease or injury in any way related to occupation of deceased?
	(Address) dollieur ond	If se, specify
20.	FILED NOT-21 of 1934 H. T. Clayton	(Signed) Links M. O.
	Dep brike Registrar.	(Address) to Chairman mul:

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Example 1	į	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
J SURPAR S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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)	N. B WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ORI	HX	t st	
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MAGIN RESERVED FOR BINDING	IS A	state	prope	TION is very important. See instructions on back of certificate.
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	B.	H	0	I
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	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH
:	I. PLACE OF DEA	TH			3
	County acc	ue a	run	del	Registration Dist. No.
	Village or City	Xoshe,	au		No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	Langth of residence in ci	ty or town where d	eath occurred	13	dean occurred in a norpital of institution, give institution, give institution, instead of street and number)
	2. FULL NAME	(4 in	1) X	Lui	- (Fuen # 2)
	(a) Residence: No.				St Ward.
			(Usual place		If nonresident give city or town and State
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH
3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH 20, 193 4. (Month) (Day) (Year)
5a	. If married, widowed, or divo	orced		0	22. I HEREBY CERTIFY. That I attended daceased from
	(or) WIFE of				2. 19 34, to 20 19 34
6.	DATE OF BIRTH (month, de	y, and yaar)	or 202	4 1934	I last saw h aliva on
7.	AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, etm.
_	,			ormin.	The PRINCIPAL CAUSE OF DEATH end ralated causas of importance were as follows:
NO	8. Trade, profession, or pr kind of work done,	articular as SPINNER,	home	4	prematurity
OCCUPATION	SAWYER, BOOKKEE 9. Industry or business in	which			
CUP	work was done, as SAW MILL, BANK,				
00	10. Oate deceased last worthis occupation (mo	rked at nth and	11. Total	time (years) ent in this	
-	year)	1111	00:	upation	Other Coutributory Causes of importance;
12	. BIRTHPLACE (city or town) (State or country)		yeer		
ER	13. NAME CHA	neces	Su	w	
FATHE	14. BIRTHPLACE (city or to	un	restar	ed	Name of operation
FA	(State or country)	JWII)	1		What test confirmed diagnosis? Was there an au'opsy?
1ER	15. MAIDEN NAME	Lessie	Mal	lace	23. If daath was duo to external causas (VIOLENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or to	own) LLL	eresta	ud.	Accident, suicide, or homicide? Date of Injury, 19
2	(State or country)		0		Whare did injury occur? (Specify city or town, county and State)
17	(Address)	neux	vilue	in med.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18	BURIAL, CREMATION, OR	REMOVAL	1	1/22 34	Manner of injury
-	Place net	or a	Date	, 19	Nature of injury
19	. UNDERTAKER	usus	y See	een	24. Was disease or injury in any way ralated to occupation of decaasad?
-	(Addrass)	doi	mare 1	office.	If so, specify
20	FILED PLOY F	19.4	1.11.0	Caylor	(Signed) M. D. (Addrass) L. Atlanda M. D.
8.	Nep West Registrar.				(Auditos)

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	1	18	0	0
	1	0	5	3

County. A County Willage or City A County Ward City of town where death occurred. Village or City A County Ward City of town where death occurred. Length of residence in city or town where death occurred. YES. Move Individual St. May Indi	1. PLACE OF DEATH	90
Length of residence in city or town where death occurred yrs	County a a co	Registration Dist. No. 2/
2. FULL NAME (a) Residence: No. 1 S. 1. Ward. (b) Residence: No. 1 S. 1. Ward. (c) Residence: No. 1 S. 1. Ward. (d) Residence: No. 1 S. 1. Ward. (d) Residence: No. 1 S. 1. Ward. (d) Residence: No. 1 S. 1. Ward. (e) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Lemic the word. 5a. If married, widowed, or divorced HUSBAND or (Year) 6. DATE OF DEATH 7. AGE 8. Triede, profession, or particular 8. Triede, profession, or particular 8. Triede, profession, or particular 8. Savyer, Bookkeeper, etc. 9. Industry or business in which work was done as SILK MILL, Army Married Work was done to external causes (VIOLENCE) fill in also the following: 12. BIRTHPLACE (city or town) Description White displays occupation (married work) and State or country) 13. NAME Parmy Married B. B. Carlot Work of the following: 14. Accident, suicide, or homicide? 15. BIRTHPLACE (city or town) Description of the following: 16. BIRTHPLACE (city or town) Description of the following: 17. INFORMANT Description of the following: 18. BURNAL, CREMATION, OR REMOVAL 18. BURNAL, CREMATION, OR REMOVAL 19. Married diagnosis? 19. Married diagnosis? 19. Mar	1	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 1 S (Ureal place of abode) PERSONAL AND STATISTICAL PARTICULARY 3. SEX 4. COLOR OR RACE S. SINCLE MARRIED, WIDOWED, OR DIVORCED Lywin: the word) 54. If married, widowed, or divorced Holland Color of	Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
3. SEX 4. COLOR OR RACE OR DIVORCED (-write the word) Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of West of HUSBAND of (or) WIFE of West of HUSBAND of (or) WIFE of West of Husband of West	(a) Residence: No. 1 & P. 9.	St. Ward.
Sa. If married, widowed, or divorced Widowald Command E. Sterent St. Wilson Month. (Day) (193 to (Year) MUSAN O (Or) WIFE of (OR) WIFE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HUSBAND of (or) WIFE of Agriculture of the properties of the prope	OR DIVORCED (write the word)	Mar. 27 1934
7. AGE Years Months Days If LESS than I day	HUSBAND of	
State or country	6. DATE OF BIRTH (month, day, and year) Nove 42 1886	I last saw her alive on Nav. 27, 1934; death is said
Note that it and teated causes in importance were as follows: Note		to have occurred on the date stated above, at
8. Trade, profession, or particular wind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Factor of this occupation work was done, as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor of the work was done as SILK MILL, Factor		were se follows:
12. BIRTHPLACE (city or town) Degrated Ohio Other Costributary Causes of importance: Costributary Causes of impo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Wremic Parsoning 11/22/3
12. BIRTHPLACE (city or town) Degrated Ohio Other Costributary Causes of importance: Costributary Causes of impo	9. Industry or business in which work was done, as SILK MILL, Frust SAW MILL, BANK, etc.	
12. BIRTHPLACE (city or town) Degrated New Che. Arler to Select New Che. Are to Select New Ches. Are to Select Ne	applicin (money and	
13. NAME / Henry M 3 and the state of operation. Name of operation. Name of operation. Name of operation. What test confirmed diagnosis? Was there an autopsy? Was there an autopsy? Was there an autopsy? 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT. (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury.		Other Contributary Causes of importance: Acute Mephrilia Und
What test confirmed diagnosis? Was there an autopsy? 15. MAIDEN NAME Susana Singly alto 16. BIRTHPLACE (city or town) be graff Color (State or country) 17. INFORMANT Specify city or town, county and State) 18. BURIAL, CREMATION, OR REMOVAL Place Wellow Susana Singly alto What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Where did injury occur? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Manner of injury	1. 11 000 0	Che arlerto selerance
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wellow Law Los Dev 2007	14. BIRTHPLACE (city or town) Dalling State or country)	Name of operation Date of
Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wellow Law Los Dev 2007	15. MAIDEN NAME Susana Longbrathe	23. If death was due to external causes (VIOLENCE) fill in also the following:
17. INFORMANT Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Wellow Law to Day how 3 U 10 24	16. BIRTHPLACE (city or town) beganff a his	Where did injury occur?
Plan Western Combes pour horr 30 103/1		(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
Place Weller Lindy Date Nov 30 1924 Natura of Indiana	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
/ Nature of injury	Place Well Lundy Date Nov 30, 1924	Nature of injury:
19 HNDEPTAKER / Was disease or injury in any way related to occupation of deceased? Me	10 HADERTAKER TOKKES I. Siste	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER / 1900 19. UN		The state of the s
20. FILED 1/28, 1934 & Markey (Signed) 94 Mille Markey M. D.		(Signed) 9 Willie Martin M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

B

should be

of OCCUPA-

Exact statement

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that

TION is very important.

19. UNOERTAKER John

nnanolis

(Address)

	CTATE	OF MAD	VI A NID	CEDTIFICATE OF	DEATH	1111
1. PLA	SIAIL OF DEATH	OF MAR	TLAND—	CERTIFICATE OF I	JEATH	1010
Cou	nty Anne Arur	ndel		Regis	stration Dist No. 27	
	age or City Jones St					
			0 0	No. f death occurred in a horpital or institution, give i s	Is NAME instead of street and	number)
				s. 4 (2) ds. How long in U.S. if of foreign b	Airth?yrs	mosds.
	L NAME ANN ELE					
(a)	Residence: No. Jones	Usual place		St., Ward.	nresident give city or town an	d State
PE	RSONAL AND STATIS			MEDICAL CERTIFI		IN DAME
3. SEX	4. COLOR OR RACE		RIED, WIDOWED,	21. DATE OF DEATH		
fema	ale white	marrie	D (write the word)	Hovembe:		., 193 4 (Year)
HIICDA	ed, widowed, or divorced					
(or) W	IFE of George B. 1	stineheor	n le	22. CLA 1 HEREBY CER	RTIFY, That i attended	,
DATE OF	BIRTH (month, day, end year)	st. 26	1866		seen be 10, 1934	
AGE	Years Months	Days	If LESS than	to have occurred on the date stated above, a	9,2° pm	, ucatii is said
	68	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rela		
8. Tra	de, profession, or particular	3.0	, vi	- 1	mucia	Date of onset
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	none		-		and desired
9. Ind	ustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					~~ ~~~~~~
10. Dat	e deceased lest worked at	11. Total t	ime (years) nt in this	-		
	this occupation (month and yeer)	spe occi	nt in this upation			
12 RIRTHP	LACE (city or town)	. County	7	Other Contributory Causes of importance:	مل	2
		rland		It of pu turney	,	1
13. NAI	The Wallet on The Cold of			mylocardiles	/	
14. Birthplace (city or town) Prince George County			Name of operation			
(State or country) Maryland			What test confirmed diagnosis?	Was there an	autopsy? Ho	
15. MAI	OEN NAME Victoria	arnold,		23. If death was due to external causes (ViOL	ENCE) fill in also the following	ng:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?	Date of injury	, 19	
(State or country) Maryland.			Where did Injury occur?	y city or town, county and St	ate)	
7. INFORM			cheomb	Specify whether injury occurred in INOUSTR	Y, in HOME, or in PUBLIC P	LACE.
	cremation, or removal	L. Co., I	ill •	Manusca A to Lucia		
	Cedar Hill Cen	t .Dete Nov	. 14. 19 34	Manner of injury	~~~~~~~~~~	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

24. Was disease or injury In any wey related to occupation of deceased?

arnold mary land.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUNEAU V. B			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN
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BINDING

RESERVED

ARGIN

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supplied ACE should be stated EXACTLY, PHYSI-torms so that it may be properly classified. Exact ee instructions on back of certificate. PLACE OF DEATH County anne areundes. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Cooth) 7 AGE If LESS than I day hrs. BUCCUPATION (a) I rade, prefession or particular kind of work (b) General nature of industry important. business, or establishment in which employed cr (employer) 9 BIRTHPLACE (State or country) 11 BIRTHPLACE RENTS OF FATHER Every Item of Information CIANS should state CAUSE statement of OCCUPATION (State or country) Ad OF MOTHER 13 BIRTHPLACE OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

STATE OF MARYLAND CERTIFICATE OF DEATH

(131)

If more b.anks are needed, address Ltate Registrar, 16 W. Saratoga Lt., Bulto., Requesting V. S. No. 1.

Registration Dist. No. 2 3

	St.:	Ward)	a hospital	occurred in or institu- ts NAME ir - street and
MED:CAL	CERTIFIC	CATEO	F DEATH	
16 DATE OF DEATH	ERTIFY Th	th)	-(Day)	133 4 (Year)
that I last saw hum and that death occured	alive on	non	8 2	1984
The CAUSE OF DEATH			bove, at f	m.
Chronic V	elrela	er De	that	7
Contributory Chro	ner Al	eiste	las ry	de.
(Signed) 2 m				m. D.
*State the Discs Violent Causs, state Accidental, Suicidal or	(I) Means	l'eath, s of lnj	or, in de- ury sod (2	aths from
18 LENGTH OF RESH		Lospite	.ls, Institut	ions, Trans-
At place of death yis	ds.	In the State	yrs	mosds.
Former or usual residence	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • • • • • •		
19 PLACE OF BURIAL C	arn On		Morday	BURIAL 17 134

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more previous of the laborer. Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: co additional line is provided for the latter statement : it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesfulness of various pursuits can be known. tired 6 yrs). Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer. the first line will be sufficient, e. g.. Parmer or Planter tion applies to each and every percen, irrespective of cupation is very important, so that the relative health whatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer,'" (Foreman," "Manager," 'Deal-Physician, Statement of Occupation Precise statement of oc report specifically the occupations of persons en-Foreman, For many occupations a single word or term on At Home, and children, not gainfully em-Compositor, For persons who have no occupation (b) Stationary fireman, et . But in many Automobile fudory. The material Arch 'ect, Locomotive engineer (3) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Tpidemic cerebrospinal meningitis"); Diphheria avoid use of "Creup"; Typhoid fever (never report "Typhoid Pneumonia": Lobor vneumonia. Bronchopneumonia."

(Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., set sis, tetanus) may be stated under the head of "contributory". accident; Revolver wound of head-homicide; Paisor ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI A., taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Corna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of approved carbolic acid-probably sucide. The nature of the injury, diseases unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Committee on Nomenelature of the Chronic Example: Measles (disease valvular heart disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the certificate is permanently filed.

RECORD ad EXACTLY, PHYSI- erly classified. Exact rifficate.		PLACE OF DEATH County Ame arunoly Iage or City Round Bay (No. au 2FULL NAME alfred Coolman	a hospital er institu
WRITE PLAINLY, WITH UNFADING INKTHIS IS A PERMANENT N BEvery item of information should be carefully supplied AGE should be stated CIANS should state CAUSE OF DEATH in plain forms so that it may be prostatement of OCCUPATION is very important. See instructions on back of ce	PARENTS 6	PERSONAL AND STATISTICAL PARTICULARS BEX 4 COLOR OR RACE MARRIED, WIDOWED, CR DIVORCED (Write the word) DATE OF BIRTH 77 ACM 2 2 nd (Nonth) (Day) (Year ASE (See Country) (Nonth) (Day) (Year (Retired) As or min, OCCUPATION (As or min, OF MARRIED, WIDOWED, (Retired) (Retired) (Retired) (Retired) (Retired) (Retired) (State or country) Maryland (State or country) Maryland (State or country) 12 MAIDEN NAME OF MOTHER (State or country) Maryland (State or country) Maryland (State or country) Maryland (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Leverna Pt. Ma (Address) If more b.anks are needed, address Ltate Kegistrar, If more b.anks are needed, address Ltate Kegistrar,	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended the decessed from the Last saw harmalive on the Last saw harmal
			i salto.

S P

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: a nature of the business or industry, and therefore an Civil engineer. Stationary fireman, et . But in many Physician, the first line will be sufficient, e g.. Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Locomolive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal menic, itis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopneumonia ("Pneumonia";

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Meusles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., seless, telanus) may be stated under the head of "contributory". accident; Revolver wound of head-homicide; Poiso...cd by and qualify as ACCIDENTAL, SUICIDAL, or HOMETAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart" "Old Age," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. diseases Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough, Chronic valvular heart ," "Convulsions, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. The data is eigential and must be obtained before the certificate is permanently filed.

6.

STATE OF	MARYL	AND-CERTIFICAT	E OF DEATH
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7	1	4 1	9	1
1	L	U	10	I.

1. PLACE OF DEATH		199
County Anne Arundel		Registration Dist. No. 2.7
Village or City Fairview Bea Length of residence in city or town where death occurred.	oh (If yrs,mos	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME (unnamed infa	int) Trace	
(a) Residence: No. (Usualpi	ace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
male white OR DIVOR	ARRIED, WIDOWED, CCED (write the word)	21. DATE OF DEATH November 3rd (Day) (Year)
5a. If married, widowed, or divorced HUSBAND ot (or) WIFE of		22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Novembe	r 3. 1934	t last saw h; death is said
7. AGE Years Months Days	tf LESS than 1 day,hrs. ormln,	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
O this occupation (month and	tal time (years) spant In this occupation	Prematurity
12. BIRTHPLACE (city or town) Fairview Be (State or country)	ach Md	Dther Coutributory Couses of Importance:
13. NAME William Alverti 14. BIRTHPLACE (city or town) Baltim		
14. BIRTHPLACE (city or town)	oge 11d.	Name of operation Oate of What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Nancy Anne Trac 16. BIRTHPLACE (city or town) A. A. C (State or country)	-	23. If death was due to external causes (VtOLENCE) fill in elso the following: Accident, suicide, or homicide?
17. thformant Raymond Tracey (Address) P Pasadena, 18. Burial, cremation, or removal Place Magothy Date No.	Md. v. 3rd,19 34	Manner of injury
19. UNDERTAKER (Address) 20. FILED. 19. UNDERTAKER A COMPANY 19. UNDERTAKER 1	Lacy 200 M. Registrar.	24. Was disease or Injury In any way related to occ: pation of deceased? If so, specify (Signed) (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of dcath means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing dcath. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Perilonitis ———————————————————————————————————	3 days ago
- 1	25 START W7	
\$ 1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

ż

1. PLACE OF DE		JF MAR			
County	+ OV			Registration Dist. No. 21	
Village or City	astefus	t		NoSt.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,St.,_St.,	Ward
Length of residence in	city or town where	death occurred	yrsmos	sds. How long in U.S. if of foraign birth?yrsmos	ds.
2. FULL NAME_	refred	C. 7	mones		
(a) Residence: No.	12/73	3 14	10.	St.,Ward.	
PERSONALA	ND STATIST	(Usual place		If nonresident give city or town and State	
PERSONAL A	OR OR RACE	1		MEDICAL CERTIFICATE OF DEATH	
mule Co	Lucal		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day) , 193	(Yaar)
5a. If marriad, widowed, or di- HUSBAND of	vorced			22. A I HEREBY CERTIFY That I attended decay	
(or) WIFE of				22. I HEREBY CERTIFY, That I attanded decade	sad from
6. DATE OF BIRTH (month, d	lay and year)	704 - 2.	61434	I last saw h A aliva on WY 5 7 19 4 dee	th is said
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at & At	(11 13 3410
		7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profassion, or	particuler		UI IIIII.	were as follows:	e of onset
kind of work done SAWYER, BOOKKE	e, as SPINNER, EEPER, etc				
9. Industry or business work was done, as	in which			Jenta Invanturi Primary Cause: De	1-36X
kind of work done SAWYER, BOOKK! 9, Industry or business work was done, as SAW MILL, BANK 10_Date_deceased_last_w				Apromoit with Co. a	195
this occupation (m	onth and	spe	ime (yaars) nt in this	Charles and Company of the Company o	/
, your/	19	Best	upation	Othar Contributory Causes of importance:	, , , , , ,
12. BfRTHPLACE (city or town (Stata or country)) Cast	port			
13. NAME 14. BIRTHPLACE (city or	arone	1 ul	ne		*
14. BIRTHPLACE (city or to (Stete or country)	town) Ou	Geno		Nama of operation Date of	- X
	0 0	2	4 - %	What test confirmed diagnosis? Was there an autops	A5 140
15. MAIDEN NAME	nua C	non	encer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or s	town) - Liez	Culm	-4.	Accidant, suicide, or homicida? Data of Injury,	19
(State of Country)		-57		Where did Injury occur? (Specify city or town, county and State)	
17. INFORMANT (Address)	3 31	of it	ar .	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR	REMOVAL	9.	_	Manner of injury	
Place/31	Mill	Date ///	197.4	Nature of Injury	
19. UNDERTAKER	3 1	man		24. Was disease or Injury In any way related to occupation of dacaged?	
(Addrass)	115	make	Ein	If so, specify	
20. FILED 115	1931 0	Manage	,4.	(Signad) . I. J (whow daw)	1. M. D.
	10	1-11-11-0	Registrar.	(Address) 24 - Wall & (www oft, m	d -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

4	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	T RECORD. Ev	Y. PHYSICIA	Exact stateme	
RGIN RESERVED FOR BINDING	A PERMANEN	ted EXACTL	perly classified.	ificate.
SERVED FO	INK-THIS IS	3 should be sta	t it may be pro	on back of cert
RGIN RI	I UNFADING	supplied. AGI	in terms, so tha	See instructions
	LAINLY, WITH	uld be carefully	DEATH in pla	TION is very important. See instructions on back of certificate.
. 1	-WRITE P	mation short	CAUSE OF	TION is ve

N. B.-WRITE

V. S. No. 1

		STATE (OF MARY	LAND-	CERTIFICATE OF DEATH	}
1	. PLACE OF				(3)	
	County	Anne Arun	del		Registration Dist. No. 21	
	Village or Ci	ity Annap	olis		No. 178 Chestnut St. Wa	rd
		,	~		f death occurred in a hospital or institution, give its NAME instead of street and number)	
		danca in city or town where		yrsmos	s. 5 ds. How long in U.S. If of foreign birth?	ds.
2	. FULL NAM		I. M.IKIR		MISSIN COUNCERT TIME 4	
	(a) Residence	ce: No. 178 Che	Stnut (Usual place o	f abode)	St., Ward. If nonresident give city or town and State	
stostos	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	_
	sex female	4. COLOR OR RACE	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH November 11 ,1934 (Month) (Day) (Year)	_
	If married, widowe	ed, or divorced				_
	(or) WIFE of	Thomas Wal	ker		22. HEREBY CERTIFY, That I attanded deceased from 1931, to 1931	gm
6.	DATE OF BIRTH (month, day, end yeer) N	ov. 6, 1	863	I lest sew h W alive on 11: 1927; deeth is s	aid
7	AGE Year	rs Months	Days	If LESS than I day,hrs.	to have occurred on the date stated abova, atm.	
	7	71	5	ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance wera as follows:	91/
NO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc				My Marchia por 7	5
CUPATION	9. Industry or b	business In which	. ELMIANIS-ILA A.		Wantes jum 10	-2
CUP		done, es SILK MILL, L, BANK, etc			Chronic nephritis Duration about three	
O.		pation (month and	11. Total tir	ne (years) tin this	months o cut of	
-	year)		occul	pation	Dther Contributory Causes of importance:	
12.	BIRTHPLACE (city	y or town)	County,		Lann	
~	13. NAME		-		-	
FATHER		22.50	known		700	
FA	14. BIRTHPLACE (Stete or	(city or town) U.N.	known		Name of operation Date of	
ER	15. MAIDEN NAM	ME 13 m	known		What test confirmed diagnosis?	-34
MOTHER	16. BIRTHPLACE (State or	(city or town)UN	known		Accidant, suicide, or homicida? Data of Injury, 19	
17.	INFORMANT	Evelvn Pet	ers,		Whera did Injury occur?	
18	(Address) BURIAL, CREMATI	178 Chestnu	T St., A	nnapolis	<u></u>	
	Place Br	- TT: 7 7 7	Date Nov.	14 1934	Manner of injury	
		Talan Mana	lon	1	Nature of Injury	
19.	(Address)	John M. Tay	Tor,		24. Was disease or injury in any way related to occupation of deceased?	
	11	12 311	- Ind.	hl	(Signed) Me Williams M	. D.
20,	FILED_44/		JH.M	Registrar.	(Address) 24 - Wart & arm of him of	· ·

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis Cerebral hemorrhage	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	932
County Chue Gundel	Registration Dist. No. 2/
Village or City West anapalis	No. St., Ward
(16) (16) (16) (16) (16) (16) (16) (16)	death occurred in a hospital or institution, give its NAME instead of street and number)
(1.0 1150	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Thun H. Weedon	
(a) Residence: No. West amapole, Mo	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. OR DIVORCED (write tha word)	november 12 193 4
	(Month) (Day) (Yodr)
5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of Russland Q. Wedow	22. I HEREBY CERTIFY, Thet I attended daceased from
1 1843	, 19, to, 19,
6. DATE OF BIRTH (month, day, and year)	I last saw h; death is said
7. AGE Years Months Days If LESS then	to have occurred on the deta steted abova, atm.
9/ 1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Trada, profession, or perticular kind of work done, as SPINNER,	Date of onest
SAWYER, BOOKKEEPER, etc.	1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Chronic Myo Carditis unknown
10. Date deceased last worked at this occupation (month and spent in this occupation occupation	
C. C. P.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	1 - t
13. NAME	Julius - activation finking
Ŧ.	
14. BIRTHPLACE (city or town) (State or country)	Name of oparation
	What test confirmed diagnosis? Was there an eutopsy?
I Commenter of the comment of the co	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
2000	Where did injury occur?(Specify city or town, county and State)
(Address) West Quicholis Med.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, OREMATION OR REMOVAL	Manner of Injury
Place Ledau Bluff Clyut. Date No V. 14 , 1934	Netura of injury
Chungotusy ma. 42.	24. Was diseasa or injury in any wey related to occupation of dacaesed?
19. UNDERTAKER (Address) Character The	If so, spacify
11/3 31 2000	(Signed) & arrain M / Lam belin D.
20. FILED. 1924 Registrar.	(Address) Annofolio fla Lorens
If more blanks are needed, address State Revistrar	2411 N Charles Street Religious Paguettum 91 S No

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
Gavernee	Muy1,1325	desir benter to	1 year

ADDITIONAL SPACE FOR FU	URTHER STATEMENTS	BY	PHYSICIAN
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of oceupa.

•	IT RECC	Y. PE	Exact	
	RMANEN	XACTI	classified	
	IS A PE	stated E	properly	certificate
1	HIS	be	pe	Jo
STATE AND TO THE STATE AND	-WRITE PLAINLY, WITH CNFADING INK-THIS IS A PERMANENT RECO	mation should be carefully supplied. AGE should be stated EXACTLY. PH	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY,	mation should be can	CAUSE OF DEATH	TION is very import

V. S. No. 1

STATE OF	MARYLAND—	-CERTIFICATE OF DEATH	0.35
1. PLACE OF DEATH		920	
County Anne Arundel		Registration Dist. No.	.I
		NoSt.,	
Length of residence in city or town where deat	th occurredyrs,mos.	sds. How long in U.S. if of foreign birth?yrsyrsmos	ds.
2. FULL NAME Joseph (a) Residence: No. Bar Harb		St., Ward.	
DEDGOMAL AND CTATISTIC		If nonresident give city or town and Ste	ite
PERSONAL AND STATISTIC 3. SEX 4. COLOR OR RACE 5	. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
male white	or Divorced (write the word) single	2T TO 4.1-	93 <u>4</u> (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I ettended dec March 19.32, to Nobember I	
6. DATE OF BIRTH (month, day, and year) May	26th I884	Hast saw h. im alive on November Ist, 19.34;	
7. AGE Yeers Months 50	Days If LESS than 1 day,hrs. ormin.	to heve occurred on the date steted ebove, at2_a_m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	retail grocer	Chronic endocarditis and myo- carditis	1932
year)	timore Md.	Uther Contributory Causes of Importance:	I-18-
13. NAME Charles Wier	ners		04
13. NAME Charles Wier 14. BIRTHPLACE (city or town) (State or country)	Ltimore, Md.	Name of operation Oate of What test confirmed diagnosis? Wes there an au'	
E 15. MAIDEN NAME Eva Cecil	Lia Meisel	23. If death was due to external causes (VIOLENCE) fill in also the following:	II.O
16. BIRTHPLACE (city or town) (State or country)	imore Md.	Accident, suicide, or homicide?	,19
17. INFORMANT Joseph Wie (Address) Bar H	eners	Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OR REMOVAL Place Holy Redeemer	Oate II-20-,1934	Manner of Injury	
19. UNDERTAKER H. LULZ (Address) Bal 20. FILED	timore, M. W.	24. Was disease or Injury in eny wey related to occupation of diceased? NO. If so, specify (Signed) (Address)	m.)

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
The state of the s		10.	
	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		13.3	

B

Length of residence in city or town where deeth occurred. Length of residence in city or town where deeth occurred. 2. FULL NAME OR SULL SULL SULL SULL SULL SULL SULL SUL	1. PLACE OF DEATH	28
Village or City Tourises will State Has beta Commend in a hopital or insitiation, give its NAME instead of street and number) Length of residence in alty or town where deeth occurred yes	County Chine Chundles	Registration Dist. No.
(a) Residence: No. Security (Usualphee of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OR DEATH S. II PARTIER Widowed, or divorcad (Or) WIFE of		÷ 1 No St Warr
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DYORCED (spring the word) 5. Il restrict, widowed, or divorced (stock) 5. Il restrict, widowed, or divorced (stock) 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs., or. min. 8. Irade, profession, or particular kind of work dans as SPINNER, However, or. min. 8. Irade, profession, or particular kind of work dans as SPINNER, However, or. min. 8. Irade, profession, or particular kind of work dans as SPINNER, However, or. min. 9. Industry or business it with whith, with which the second of the date stated above, as 25 Cm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 9. Industry or business it with whith the second of the date stated above, as 25 Cm. 10. Date Geard last worked at 3 coupation 11. Total time (years) spent in this occupation (month and luck is possible in the coupation) 12. BIRTHPLACE (city or town). Flora dale Widows, spent in this occupation (month and luck is possible). 13. NAME Sange Williams 14. BIRTHPLACE (city or town). Flora dale Williams 15. MAIDEN NAME Flora (city or down). What test confirmed diagnosis Flugs. Exacut Was there an autopsys? N. (State or country) 15. MAIDEN NAME Flora (city or town). Advantage of minor occupation. 16. BIRTHPLACE (city or town). Advantage of minor occupation. 17. INFORMAN Flora (city or town). Advantage of minor occupation. 18. BIRTHPLACE (city or town). Advantage of minor occupation. 19. Under Aker (Month), OR REMOVAL Place (Address). Do at Latery (Month). 19. UNDER AKER (Month), OR REMOVAL Place (Address). Do at Latery (Month). 19. UNDER AKER (Month), OR REMOVAL Place (Address). Month of the Month o	(a) Residence: No. Skudale Wid	
Sa. II married, widowed, or divorced HUSBAID. 5. II married, widowed, or divorced HUSBAID. 6. DATE OF BIRTH (month, day, and year) 7. AGE 7. AGE 7. AGE 8. Trade, profession, or particular kind of work done, as SPINNER, Tarried work. 8. Trade, profession, or particular kind of work done, as SPINNER, Tarried work. 9. It LESS than 1. SAW MILL, BAIK, etc. 10. Date General between day Lilly Span in this span in this secupation (month) and Lilly Span in this secupation (month) and Lilly Span in this secupation (State or country) 12. BIRTHPLACE (city or town) 13. NAME 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 17. INFORMANY 17. INFORMANY 17. INFORMANY 18. BIRTHPLACE (city or town) 18. BIRTHPLACE (city or town) 19. UNDERTAKER LARRENGE ALL AND Date Markey 19. UNDERTAKER LARRENGE ALL AND Date Markey 19. UNDERTAKER LARRENGE ALL AND AND MARKERS 19. UNDERTAKER LARRENGE ALL AND AND MARKERS 19. UNDERTAKER LARRENGE ALL AND AND MARKERS 19. UNDERTAKER LARRENGE ALL AND AND AND MARKERS 20. FILEO 1/1 2 19.34 21. Was disease or injury any way gristed by occupation of deceased? 19. UNDERTAKER LARRENGE ALL AND AND MARKERS 20. FILEO 1/1 2 19.34 21. Was disease or injury any way gristed by occupation of deceased? 19. UNDERTAKER LARRENGE ALL AND AND MARKERS 20. FILEO 1/1 2 19.34 20. FILEO 1/1 2 19.34 20. FILEO 1/1 2 19.34 21. MAINTENNERS AND Way gristed by occupation of deceased? 22. LARRENGE ALL AND AND MARKERS 23. If death was due to external causes (VIOLENCE) fill in also the following: 24. Was disease or injury any way gristed by occupation of deceased? 25. Harrende Markers 26. BURTHPLACE (city or town) 27. Was disease or injury any way gristed by occupation of deceased? 26. BURTHPLACE AND	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
53. If married, widowed, or diversed HUSBANO of Cot) WIFE of 22. IF REBY CERTIFY, That I attended daseased for Cot) WIFE of 23. DATE OF BIRTH (month, day, and year) 24. DATE OF BIRTH (month, day, and year) 25. If IESS than Care and the profession, or particular kind of work done, as SPINNER, There are no country or min. 26. DATE OF BIRTH (month, day, and year) 27. AGE Years Months Days If IESS than I day, hrs., or min. 28. Trade, profession, or particular kind of work done, as SPINNER, There work of the set stated above, as 2,2 st. m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: 28. BIRTHPLACE (city or town) All the profession of the country of the c	OR DIVORCED (write that	word) Nov 22 1934
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19. UNDERTAKER blares el foreacre 24. Was diseasa or Injury in any way related to occupation of deceased? (Address) Michellacie NIO (Signed) Michellacie M. M.		.911
		24. Was disease or Injury in any way unlated to occupation of deceased?
Regisfrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Regi	graf. (Address)

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	40	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NON THE RESERVE TO A STATE OF THE RESERVE TO			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE O	OF DEATH			(3)
County	Anne Arui	adel		Registration Dist. No.
	City Crownsyi		(1)	
	ME Henry			
	nce: No. At La			St., Ward. If nonresident give city or town and State
	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
Male Male	4. COLOR OR RACE Black	5. SINGLE, MARI OR DIVORCEI Single	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH November 18 (Day) (Year)
5e. if married, wido HUSBAND of (or) WiFE of		200		22. 1 HEREBY CERTIFY. That I attended daceased from Oct. 13, 19 34 to Nov. 18, 19 34
7. AGE Ye	Months 52 Unkno	Days Win	If LESS than I day,hrs. ormin.	I last saw hIR aliva onROV
9. Industry or work was SAW MI 10. Date decease this occur	business in which	Inknown 11. Totel ti	ma (yaars) tin this nknov	General Paralysis of the Unknown
12. BIRTHPLACE (c (State or cou		inia		Other Coatributory Causes of importence: Syphilis Unknown
13. NAME	Charlie	Willia	ns	
14. BIRTHPLAC	E (city or town) Virgor country)	inia		Name of operation Data of What test confirmed diagnosis? Was there an autopsy?
(State of	E (city or town) Vire r country)	inia Records		23. If deeth was due to external causes (VIOL ENCE) fill in elso the following: Accidant, sulcide, or homicida?
	TION OR REMOVAL A	uclas /	1/21, 15/2	Menner of injury
19. UNDERTAKER (Address)	a Vit. Wi	whereone on the	Supt.	24. Wes diseasa or injury in any way related to occupation of decaased?
20. FILED	1-4., 19	- 1-	P Registrar	(Signer) (Address) (Address)

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
-yeller Att V			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDIN

RESERVED

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago BILDEALI Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year